## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000154325 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 : (800)221-2972 Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email | Address: |  |
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|       |          |  |

## FLORIDA LIMITED LIABILITY CO. DMABBS REALTY, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| RTICLE I - Name: e name of the Limited Liability Company is:                                                                                                |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| DMABBS Realty, LLC                                                                                                                                          |                                       |
|                                                                                                                                                             | 1111 C ULT C U WI L C UN              |
| (Must end with the words "Limited Lia                                                                                                                       | ibility Company, "E.E.C.," or "CEC. 1 |
| (Must end with the words "Limited Lia<br>RTICLE II - Address:<br>he mailing address and street address of the principal office<br>Principal Office Address: |                                       |
| RTICLE II - Address: ne mailing address and street address of the principal office                                                                          | of the Limited Liability Company is:  |

JOSH IVANN SALOMON

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name 3701 N Country Club Drive, #2003 Florida street address (P.O. Box NOT acceptable)

Aventura City State

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and camplete performance of my duties, and I um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

To:

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