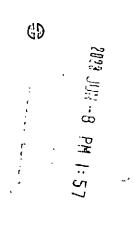
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	(Requestor's Name)
	(Address)
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06/07/23

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	w Filing Sec ision of Cor			
SUBJECT:	Sebring Ho			
SUBJECT:			mited Liability Company	
The enclosed	d Articles of	Organization and fee(s) ar	re submitted for filing.	
Please return	all correspo	ondence concerning this m	atter to the following:	
-			Name of Person	
-			Firm/Company	
-			Address	
-		C	City/State and Zip Code	
_	I.	E-mail address: (to be used	for future annual report notificat	ion)
For further inf	ormation con	ncerning this matter, pleas	e call:	
_	Name)	
Enclosed is a	check for th	ne following amount:		
□\$125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1.0			
Sebring Holdco Ll (Must co	ontain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limi	ited Liability Company is:	
Princ	Principal Office Address:		Mailing Address:	
3011 Kenilworth I	Blvd	3	3011 Kenilworth Blvd	
Sebring, Florida,			Sebring , Florida , 33870	
The name and the Florida stre	DBO Services LLC		·	
The hame and the Plotted suc		и идели иге.		
	DDO SERVICES ELC	Name	·	
	155 Office Plaza Dri	ive		
	Florida street address (P.O. Box NOT acceptable)		T acceptable)	
	Tallahassee	Fl.	32301	
	City	FL State	Zip	
place designated in this certifica further agree to comply with the	ate, I hereby accept the app provisions of all statutes r	pointment as regi relating to the pro	r the above stated limited liability company at the stered agent and agree to act in this capacity. I appear and complete performance of my duties, and I ent as provided for in Chapter 605, F.S	
	/s/ Devorah G	lazer		
	Regis	tered Agent's Sig	gnature (REQUIRED)	
		(CONTINUE	ED)	

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A D	TI	CI	r	$1V_{-}$

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
<u>MGR</u>	Josef Cukier	
Mok	211 Boulevard of the Americas, Suite 209	- -
	Lakewood, NJ, 08701	_ _
		_
		-
		-
		_
		_
		_
		-
		-
		_
f an effective date is listed, the date must be e date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ent of State's records.	
REOUIRED SIGNATURE: /s/ Josef Cukier		
This document is exe I am aware that any f	nember or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
Josef Cukier		
	Typed or printed name of signee	
	Filing Fees:	2
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent	202

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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