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Division of Corporations

L23000 332858

Florida Department of State
Division of Corporations
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((H230002474133))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 07535000541
Phone : (813)875-1333
Fax Number : (813)200-1050

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

Email Address: deleon.armando97@yahoo.com

FLORIDA LIMITED LIABILITY CO.

DP Flips LLC

Certificate of Status	1
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Audit # H23000247413
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

DP Flips LLC

The mailing address and street address of the Limited Liability Company are:

**6005 Lakeside Dr.
Lutz, FL 33558**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance
Of CourtAccess Centers LLC, a
non-lawyer located at 13046 Race Track Rd,
Suite 131, Tampa, FL 33626, 813-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**6005 Lakeside Dr.
Lutz, FL 33558**

and the name of its registered agent at such address is:

Armando DeLeon

ARTICLE VI
Management

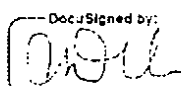
The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address

**Armando DeLeon, Authorized Member
6005 Lakeside Dr.
Lutz, FL 33558**

**Elizabeth Pena, Authorized Member
6005 Lakeside Dr.
Lutz, FL 33558**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: Friday, July 14, 2023 
Armando DeLeon, Authorized Member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Audit # H23000247413

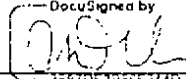
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ACCEPTANCE BY REGISTERED AGENT

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Date: July 14, 2023

DocuSigned by

3170E135CF244D
Armando DeLeon

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