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H230003084233ABCZ

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

From:

Account Name	:	MAYNARD NEXSEN PC
Account Number	:	120220000140
Phone	:	(407)647-2777
Fax Number	:	(407)647-2157

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

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FLORIDA LIMITED LIABILITY CO. Dandelion and Burdock LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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	CO	VER LETTER	
TO: New Filing Division of	Section Corporations		
Dandel SUBJECT:	ion and Burdock LLC		
300 9 501.	Name of Lin	nited Liability Company	
The enclosed Article	s of Organization and fee(5) ar	e submitted for filing.	
Please return all corr	espondence concerning this mu	atter to the following:	
Patricia I	Dewar		
		Name of Person	
		Firm/Company	
625 West	l Keene Rd		
		Address	
Apopka,	FL 32703		
ndewarth	C lewar.com	City/State and Zip Code	
pack analy	· <u>· · · · · · · · · · · · · · · · · · </u>	for future annual report notificati	on)
For further information	concerning this matter, please	e call:	
Patricia D)7	
		rea Code Daytime Telephone	e Number
Enclosed is a check fi	or the following amount:		
∎\$125.00 Filing Fet	: □\$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)
Nev Div P.C	iling Address w Filing Section vision of Corporations D. Box 6327 lahassee, FL 32314	<u>Street Address</u> New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee at, Suite \$10

-> 918506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Dandelion and Burdock LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
625 West Keene Rd	625 West Keene Rd
Apopka, FL 32703	Apopka, FL 32703

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(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:

Patricia Dewar		
	Name	
625 West Keene Rd		
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Anopka	FL	32703
City	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. T jurther 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.,

Distance (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address;
MGR	Patricia Dewar 625 West Keene Rd Abooka, Ft, 32703
MGR	Kimberly Dewar 625 West Keene Rd Apopka, FL 32703
<u></u>	

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ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED	SIGNATURE:
	Signature of a member or an authorized representative of a member.
	This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	1 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.
	Patricia Dewar
	Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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DocuSign

Certificate Of Completion

Envelope Id: 1424FCE1F6324EF5ACEF298881684842 Subject: Complete with DocuSign: FL New Entity - Dandelion and Burdock LLC .pdf Source Envelope: Document Pages: 5 Signatures: 2 Certificate Pages: 4 Initials: 0 AutoNov: Enabled EnvelopeId Stamping, Disabled Time Zone: (UTC-06:00) Central Time (US & Canada)

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Signer Events

Patricia Dewar pdewar@dewar.com COO Security Level, Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 9/5/2023 10:20:35 AM ID: (4664f9c-9080-4c88-b64f-38todfd31c5c

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Signature

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