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(Re	equestor's Name)	·
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		, -
(Bu	isiness Entity Nan	ne)
(5)	ocument Number)	-
(50	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE	ECT: 4 DPK LLC	C			
00001		Name of Lim	ited Liabili	ty Company	
The en	closed Articles of	Organization and fee(s) are	submitted	for filing.	
Please	return all correspo	ondence concerning this ma	ter to the fe	ollowing:	
	Kathryn Co	ponts			
		-	Name of	Person	
	MyLLC.co	m, Inc.			
			Firm/Co	npany	
	1910 Thor	nes Ave			
			Addre	ess	
	Cheyenne	, WY 82001			
		Ci	ty/State and	l Zip Code	
	documents@				
	Ŀ	E-mail address: (to be used	for future a	nnual report notification	on)
For furth	er information co	ncerning this matter, please	call:		
	Kathryn Co	oonts at 888	3-886-955	52	
	Nam		ea Code	Daytime Telephone	e Number
Enclose	ed is a check for th	ne following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	5.00 Filing Fee & ed Copy Il copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must a	conatin the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
(IVIUSI V	conditi the words Elimica Elaon	ny company, 15.15.0., or 15.50.	
RTICLE II - Address: ne mailing address and stre	et address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
4301 SW 1601	th Ave Apt 210	4301 SW 160th Ave Apt 210	
Miramar, FL 33027		Miramar, FL 33027	
he Limited Liability Comp		gistered Agent's Signature: stered Agent. You must designate an individual or	
he Limited Liability Compother business entity with	pany cannot serve as its own Registration.) reet address of the registered agen	stered Agent. You must designate an individual or	
the Limited Liability Compother business entity with	pany cannot serve as its own Registantion.)	stered Agent. You must designate an individual or t are:	
he Limited Liability Compother business entity with	pany cannot serve as its own Registrantian.) reet address of the registered agen Hussain Hussaini	t are:	
The Limited Liability Composition of the business entity with	pany cannot serve as its own Registration.) reet address of the registered agen Hussain Hussaini Nan	t are: Apt 210	
The Limited Liability Composition of the Compositio	pany cannot serve as its own Registration.) reet address of the registered agen Hussain Hussaini Nan 4301 SW 160th Ave	t are: Apt 210	

(CONTINUED)

ARTICLE IV-

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					
MGR	Hussain Hussaini				
<u></u>	4301 SW 160th Ave Apt 210				
	Miramar, FL 33027				
	· 27				
					
	<u> </u>				
					
	· — U1				
(Use attachment if necessary)					
(If an effective date is listed, the date must the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:	N V				
REQUIRED SIGNATURE:	Hessin Resser				
Signature of This document is ell am aware that any	Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.				
Signature of This document is ell am aware that any	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)