

L23000470763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

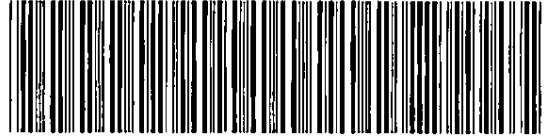
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2023 OCT 13 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/12/2023

**\*\*WALK IN\*\***

ENTITY NAME DE ECOMM ACCELERATOR LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*S. R. M.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION  
OF  
DE ECOMM ACCELERATOR, LLC**

**ARTICLE I: NAME**

The name of the limited liability company is DE Ecomm Accelerator, LLC (the "LLC").

**ARTICLE II: ADDRESS**

The street and mailing address of the principal office of the LLC is 530 Sawgrass Corporate Parkway, Sunrise, FL 33325.

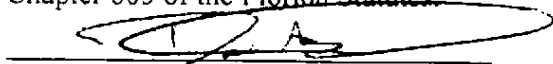
**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

David Amar

530 Sawgrass Corporate Parkway, Sunrise, FL 33325

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.



[REGISTERED AGENT'S SIGNATURE]

**ARTICLE IV: MANAGEMENT**

The LLC will be manager-managed.

**ARTICLE IX: MANAGERS**

The name and address of each person authorized to manage and control the LLC:

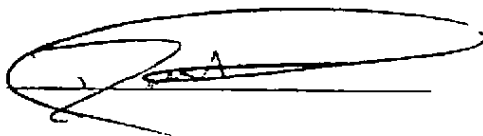
Title:

MGR

Name and Address:

David Amar

530 Sawgrass Corporate Parkway, Sunrise,  
FL 33325

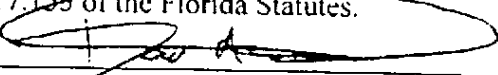


David Amar, Manager

2025

02

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

  
\_\_\_\_\_  
David Amar, Manager

2023