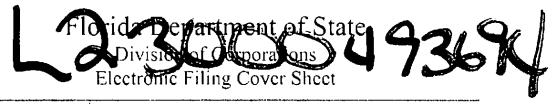
From: Advocate Consulting

10/31/23, 2:58 PM

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : I20090000001

: (239)213-0066

Fax Number

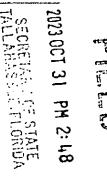
: (239)213-0698

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

Email Address: erinm@advocatetax.com

# FLORIDA LIMITED LIABILITY CO. **DSN 350 LLC**

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



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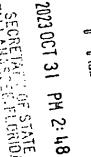
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### COVER LETTER

	ew Filing Sec ivision of Cor			
SUBJECT	DSN 350 L	LC		
30031501	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Organization and fee(s) are	submitted for tiling.	
Please retu	m all correspo	ondence concerning this ma	tter to the following:	
	Erin Meyer			
			Name of Person	·
	Advocate Co	nsulting Legal Group, PLL	.c	
		· ·	Firm/Company	
	3555 Kraft R	oad, STE 240		
			Address	
	Naples, FL 3	4105		
			ty/State and Zip Code	
	erinm@advoca			
	E	i-mail address: (to be used i	for future annual report notificat	ion)
For further in	nformation cor	ncerning this matter, please	call:	
	Erin Meyer	238 at (	9 213-0066	
	Name		ea Code Daytime Telephor	ne Number
Enclosed is	a check for th	ic following amount:		
<b>■\$</b> 125.00	Filing 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)
	<u>Mailin</u>	g Address	Street Address	2023 SE TAL

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DSN 350 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:
2843 Pembroke Road, STE I	2843 Pembroke Road, STE 1
Hollywood, FL, 33020	Hollywood, FL, 33020

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:

Salavat Akhmerov		
	Name	
2843 Pembroke Road	s, ste i	
Florida street addres	s (P.O. Box <u>NOT</u> as	ceptable)
Hollywood	FL	33020
City	Stale	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. 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Salayat Akhmerov 2843 Pembroke Road, STE I	<del>_</del>
	Hollywood, FL, 33020	
	-	
		_
		_
		_
(Use attachment if necessary)  TLE V: Effective date, if other than the dat  ffective date is listed, the date must be s	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or	90 da
TLE V: Effective date, if other than the date iffective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Department.	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will a	
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TLE V: Effective date, if other than the date of fective date is listed, the date must be set of filing.)  If the date inserted in this block does not rument's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will a statute in of State's records.  "IDACA599432"  member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statute in incommation submitted in a document to the Department of State information submitted for in s.817.155, F.S.	not be