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Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 : (215)977-9386 Fax Number

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

Email	Address:				

FLORIDA LIMITED LIABILITY CO. DAMN GOOD MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Fax: (850) 617-6381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

/34		OD MANAGEMEN	
(Must contail	n the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal	· office of the Limited	Liability Company is:
•	•	·	
<u>Principal</u>	Office Address:		Mailing Address:
2858 Tiburon Blvd E, S	Suite 102		Tiburon Blvd E, Suite 102
Naples, FL 34109	·	<u>Napl</u>	es, FL 34109
he name and the Florida street ad	_	d agent are: obert Morris	
	K	Name	
	2050	Til Di.d E C.	103
		Tiburon Blvd E, Sulss (P.O. Box NOT a	,,
		FL	34109
	Naples City	State	Zip
wing been named as registered ag	ent and to accept serv		above stated limited liability company at the
lace designated in this certificate, I orther agree to comply with the prov	hereby accept the app visions of all statutes to gations of my position	pice of process for the pointment as registere relating to the proper as registered agent of the proper to the proper to the procession of the process for the proper of the process for the proper of the process for the proper of the process for the proper of the process for t	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I as provided for in Chapter 605, F.S.
lace designated in this certificate, I urther agree to comply with the prov	hereby accept the app visions of all statutes to gations of my position	vice of process for the pointment as registere elating to the proper as registered agent of the proper — DocuStaned by:	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I as provided for in Chapter 605, F.S.

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Fax: (850) 617-6381

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itle:	Name and Address:
AMBR" = Authorized Membe	r ,
MGR" = Manager	
MBR	Robert Morris 2858 Tiburon Blvd E, Suite 102
	Note: El 24100
	Naples, FL 34109
1	
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	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than tive date is listed, the date m	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
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L24000128733

STATEMENT OF AUTHORIZATION

DAMN GOOD MANAGEMENT CORPORATION (P24000016145)

DAMN GOOD MANAGEMENT LLC (H24000016145)

To: Florida Division of Corporation

Date: March 15, 2024

I, Robert Morris, sole incorporator of DAMN GOOD MANAGEMENT CORPORATION advise that the corporation was formed in error. A dissolution was filed and approved on March 11, 2024 to terminate the entity. The entity has no intention of reinstating, therefore, releasing the name to be used for the below:

Please release the name to allow the limited liability company to be approved for:

DAMN GOOD MANAGEMENT LLC (H24000016145)

The Articles of Organization follow.

Thank you,

Robert Mornis

Robert Morris

