

L24 000138442

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

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
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Fax Number : (561)290-1590

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

Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.  
DKC Polo Gardens Property, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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2024 MAR 25 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 MAR 25 PM 4:44

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DKC POLO GARDENS PROPERTY, 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:

431 FAIRWAY DRIVE  
SUITE 201  
DEERFIELD BEACH, FLORIDA 33441

431 FAIRWAY DRIVE  
SUITE 201  
DEERFIELD BEACH, FLORIDA 33441

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:

<u>BEATRICE T WILLIAMS</u>		
Name		
<u>431 FAIRWAY DRIVE, SUITE 201</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>DEERFIELD BEACH</u>	<u>FLORIDA</u>	<u>33441</u>
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, 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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**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

CEO

DAVID COPPA  
431 FAIRWAY DRIVE, SUITE 201  
DEERFIELD BEACH, FLORIDA 33441

CFO

ROBERT K. PATTON, III  
431 FAIRWAY DRIVE, SUITE 201  
DEERFIELD BEACH, FLORIDA 33441

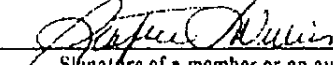
SECRETARY

BEATRICE T. WILLIAMS  
431 FAIRWAY DRIVE, SUITE 201  
DEERFIELD BEACH, FLORIDA 33441

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/18/2024 (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.)

**Note:** 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.**REQUIRED 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.  
I 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.BEATRICE T. WILLIAMS, SECRETARY

Typed or printed name of signer

**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)