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	Division of Corporations	TATE OF THE PR
	Fax Number : (850)617-6381	2 7 7 N
From:		, <u>;</u>
	Account Name : COMPUTERSHARE	Fig. 3
	Account Number : 110432003053	
	Phone : (561)694-8107	- C
<u> 23</u> 1.	Fax Number : (561)214-8442)
	email address for this business entity to be report mailings. Enter only one email addres	
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FLORIDA LIMITED LIABILITY CO.

Dunedin Property Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:			
Dunedin Property Ov		I inhibite Comme	world and the state of the stat	
ARTICLE II - Address: The mailing address and street ad			y, "L.L.C.," or "LLC.") ed Liability Company is:	
<u>Princips</u>	al Office Address:		Mailing Address:	
Jupiter, FL 33477		Ju	41 S Alternate A1A, Suite 440 piter, FL 33477	_
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office cannot serve as its own ctive Florida registrati	. & Registered Ag n Registered Agent on.)	ent's Signature: . You must designate an individual of the second of the	2024 APR -
The name and the Florida street a	ddress of the registere	ed agent are:	บ. ช เก	-5 T
	Eric M. Levitt		<u> </u>	PH 2: 37
		Name	, ,	ဦး () ()
	2141 S Alternate A	IA, Suite 440		
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)	
	Jupiter	FL	33477	
	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)

ARTICLE IV-	
The name and address of each person aut	horized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
#1.4/2D# — 1.4	

111111	Manie and Muntess.			
"AMBR" = Authorized Member				
"MGR" = Manager				
1100	,			
MGR	Eric M. Levitt			
	2141 S Alternate A1A, Suite 440			
	Jupiter, FL 33477			
AMBR	EMI Management LLC			
AUDK	EML Management, LLC 2141 S Alternate A1A, Suite 440			
	Jupiter, FL 33477			
	Jupiter, 1 E 35477			
				
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(Use attachment if necessary)				
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Note: If the date inserted in this block does not the document's effective date on the Departme	of meet the applicable statutory filing requirements, the ont of State's records.	is date will	not be list	ed as
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	M. Chutt			
Signature of a	member or an authorized representative of a mem	ber.		
	cuted in accordance with section 605,0203 (1) (b), Flo		es.	
	ilse information submitted in a document to the Depar			
	ree felony as provided for in s.817.155, F.S.			
	, , , , , , , , , , , , , , , , , , , ,	E !	202	
Eric M. Levitt		L.,	₽	
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