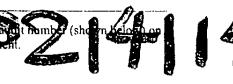
Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW

Account Number : I20190000099 Phone : (305)937-1800 Fax Number : (305)937-1857

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

Email Address: dbaumgard@ima-re.com

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FLORIDA LIMITED LIABILITY CO. DB GALLERY, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	DB GALLERY, LLC			
SUBJEC		Limited Liabi	lity Company	
The enclo	osed Articles of Organization and fee(s) are submitted	d for filing.	
Please ret	turn all correspondence concerning this	s matter to the	following:	
	ALAN J. MARCUS			
		Name o	f Person	
	ALAN J. MARCUS, ATTORNEY	A LAW		
		Firm/C	ompany	
	20803 BISCAYNE BOULEVARD	, SUITE 301		
		Add	ress	
	AVENTURA, FL 33180			
	dbaumgard@ima-re.com	City/State at	nd Zip Code	1.00
	E-mail address: (to be u	sed for future	annual report notificat	ion)
For further	information concerning this matter, pl	ease call:		
	ALAN J. MARCUS	305	937-1800	
	Name of Person	· 	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
■\$ 125.0 €0 •\$	00 Filing Fee	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
24 HAY 13 PH (Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DB GALLER (M	ust contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address	;	
he mailing address and	street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
]	The par Office Address.	
2151 <u>S.</u> LEJH		2151 S. LEJEUNE ROAD
·		

BAUMGARD, DANII	<u>EL</u>	
	Name	
2151 S. LEJEUNE RO	AD, SUITE 202	
Florida street address	P.O. Box <u>NOT</u> ac	eceptable)
CORAL GABLES	FL	33134
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..

danish baumgard
Registered Agent's Segnature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
<u>MGR</u>	BAUMGARD, DANIEL 2151 S. LEJEUNE ROAD, SUITE 202 CORAL GABLES, FL 33134		
			
(Use attachment if necessary)			
an effective date is listed, the date must be date of filing.)	date of filing:		
RTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
a	laniel baumgard		
Signature of a This document is ext I am aware that any f	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.		
	DANIEL BAUMGARD		
	Typed or printed name of signee		

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)