Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)289-3338 Fax Number : (614)573-3996

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

The property of the control of the contr

Email Address: operations@olcdc.org

FLORIDA LIMITED LIABILITY CO.

DM Pemberton Manager, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

To:

The name of the Limited Liability Company is:

2024 MAY 22 AM II: 24

DM Pemberton Manager, LLC

TĂLLAH<u>ĂŜSĒ</u>Ē, FLORIDA

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:	Mailing Address:
490 Opa-locka Boulevard	490 Opa-locka Boulevard
Suite 20	Suite 20
Opa-locka, FL 33054	Opa-locka, FL 33054
A DESTRUCTION OF THE PARTY OF T	
(The Limited Liability Company cannot serve as its own Re	gistered Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	gistered Agent. You must designate an individual or

CT Corporation Sys	tem	
	מרוואל	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
(j _v	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. Thereby accept the appointment as registered agent and agree to act in I is 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 Apts 605, FS

> C T Corporation System By: Registered Agent's Signature (REQ) RED

> > (CONTINUED)

13'11	 	 ,

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Opa-locka Community Development Corporation, Inc. 490 Opa-locka Boulevard, Suite 20 Opa-locka, FL 33054	<u>-</u>
<u></u>		
		_
		_
		_
		_
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	
EV: Effective date, if other than the da fective date is listed, the date must be so of filling.)	meet the applicable statutory filing requirements, this date will	
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