

To:

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2024-05-22 13:29:01 PDT

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From: Kaity Toon

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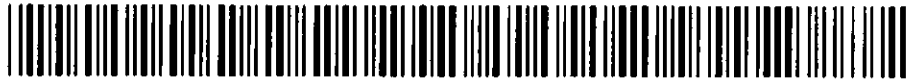
Florida Department of State

Division of Corporations

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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)280-3338

Fax Number : (614)573-3996

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

Email Address: operations@olcdc.org

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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.

DM Pemberton Manager, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 MAY 22 AM 11:24

DM Pemberton Manager, LLC

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

TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

490 Opa-locka Boulevard  
Suite 20  
Opa-locka, FL 33054

Mailing Address:

490 Opa-locka Boulevard  
Suite 20  
Opa-locka, FL 33054

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:

C T Corporation System  
N/A  
1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  

<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

*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 ~~his~~ 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, FS*

C T Corporation System

By:



Christine Keim  
Assistant Secretary

Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

