

L2400024080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

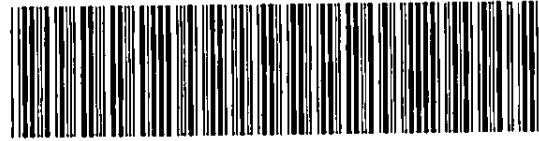
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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69

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 6/17/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1264018

**ORDER ENTITY**

DRSAM USA LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

DRSAM USA LLC (FL)

New LLC filing

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: [radiv@incserv.com](mailto:radiv@incserv.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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TALLAHASSEE, FL  
DEPT. OF STATE

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Organization  
Of  
**DRSAM USA LLC**

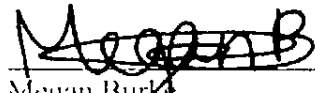
*(Pursuant to Section 605.0201, Florida Statutes)*

1. The name of the Limited Liability Company is: **DRSAM USA LLC**
2. The street address of the principal office of the Limited Liability Company is:  
**10130 Northlake Blvd., Suite 306, West Palm Beach, FL 33412**
3. The mailing address of the Limited Liability Company is:  
**10130 Northlake Blvd., Suite 306, West Palm Beach, FL 33412**
4. The name and address of the registered agent is as follows:  
**Incorporating Services, Ltd., 1540 Glenway Drive, Tallahassee, FL 32301**
5. The period of duration for the Limited Liability Company shall be perpetual.
6. The name and address of the person(s) authorized to manage the LLC:

Title: **MGR**  
Name: **Sarabjit Lamba**  
Address: **15 Clocktower Lane, Old Westbury, NY 11568**

In Witness Whereof, this document is executed in accordance with section 605.0203 (c)-(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.

Dated: **June 17, 2024**

  
\_\_\_\_\_  
Megan Burke  
Accumera LLC  
Authorized Representative

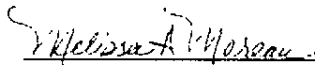
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TALLAHASSEE, FL

Acceptance of Appointment as Registered Agent  
of

**DRSAM USA LLC**

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Dated: June 17, 2024



**Incorporating Services, Ltd., Registered Agent**

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