L74000287746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900431050809

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

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 nmoreau@incserv.com 850.656.7953

REQUEST DATE 6/26/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1266819

ORDER ENTITYDUBSHOLDINGS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DUBSHOLDINGS, LLC (FL)

New LLC filling

NOTES:

\$125.00 Authorized

Email address for annual report reminders: corp@servico.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,



Please bill us for your senzices 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.

Wednesday, June 26, 2024 Page Lof U

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I

The name of the Limited Liability Company is: DUBSHOLDINGS, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 3212 PADDINGTON LANE BOCA RATON, FL 33496

The mailing address of the Limited Liability Company is: 3212 PADDINGTON LANE BOCA RATON, FL 33496

Article III

The name and Florida street address of the registered agent is: KEVIN WILEN 3212 PADDINGTON LANE BOCA RATON, FL 33496

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/SCOTT J. SCHUSTER

Article IV

The name and address of the person(s) authorized to manage LLC:

AMBR KEVIN WILEN 3212 PADDINGTON LANE BOCA RATON, FL 33496

AMBR DANIELLE BETH WILEN 3212 PADDINGTON LANE BOCA RATON, FL 33496

Signature of member or an authorized representative

Dated: June 26, 2024

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.