

L24000337908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

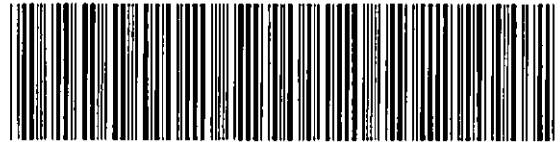
(Document Number)

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S. CHATHAM  
AUG - 8 2024

02/19/24--01018--011 \*\*160.00

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2024 JUL 30 PM 3:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TJH  
3/12/24

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Dexter Enterprises A1 L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Sabatino  
Name of Person

Dexter Enterprises A1 L.L.C.  
Firm/Company

430 Hunters Lake Way unit 7213  
Address

Ponte Vedra Beach, FL 32081  
City/State and Zip Code

dexterenterprisesa1llc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Sabatino at ( 914 ) 272-5978  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2024

PETER SABATINO 2ND LETTER  
430 HUNTERS LAKE WAY, UNIT 7213  
PONTE VEDRA BEACH, FL 32081 US

SUBJECT: DEXTER ENTERPRISES LLC  
Ref. Number: W24000039948

We have received your document for DEXTER ENTERPRISES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Summer Chatham  
Supervisor

Letter Number: 424A00005351

Hello.

I made corrections to my LLC name and email address

I included a copy of the letter sent to me for reference

Thanks,

Peter Sabatino

914 272-5478

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dexter Enterprises A1 L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

430 Hunters Lake Way  
Unit 7213  
Ponte Vedra Beach, FL 32081

Mailing Address:

430 Hunters Lake Way  
Unit 7213  
Ponte Vedra Beach, FL 32081

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:

Peter Sabatino

Name

430 Hunters Lake Way Unit 7213

Florida street address (P.O. Box NOT acceptable)

Ponte Vedra Beach, FL 32081

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.*

Peter Sabatino

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AmBR

**Name and Address:**

Peter Sabatino

430 Hunters Lake Way Unit 7213

Ponte Vedra Beach, FL 32081

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TALLAHASSEE FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Peter Sabatino

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (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.

Peter Sabatino

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)