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FLORIDA LIMITED LIABILITY CO.

Dorcash Acquisitions LLC

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H25000034706

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dorcash A	cquisitions LLC
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16170 Cartwright Lane Naples, FL 34110	16170 Cartwright Lane Naples, FL 34110
The Limited Liability Company cannot serve as nother business entity with an active Florida reg	
The Limited Liability Company cannot serve as mother business entity with an active Florida reg	its own Registered Agent. You must designate an individual or gistration.)
The Limited Liability Company cannot serve as mother business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or gistration.)
The Limited Liability Company cannot serve as another business entity with an active Florida reg The name and the Florida street address of the reg Daniel Martins 16170 Cartwright L	its own Registered Agent. You must designate an individual or gistration.) gistered agent are: Name .ane
The Limited Liability Company cannot serve as another business entity with an active Florida region of the region of the region of the region of the manual of the Florida street address of the region of the manual of the Florida street address of the region of the Florida street address of the Flori	its own Registered Agent. You must designate an individual or gistration.) gistered agent are: Name
The Limited Liability Company cannot serve as another business entity with an active Florida region of the region	its own Registered Agent. You must designate an individual or gistration.) gistered agent are: Name .ane .O. Box NOT acceptable)
(The Limited Liability Company cannot serve as another business entity with an active Florida regarder and the Florida street address of the regarder Martins 16170 Cartwright L Florida street address (P	its own Registered Agent. You must designate an individual or gistration.) gistered agent are: Name .ane .O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

Daniel Martins

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:
"AMBR" = Authorized	Member	
"MGR" = Manager AMBR		Daniel Martins
	•	16170 Cartwright Lane
		Naples, FL 34110
	• •	ng: (OPTIONAL)
EV: Effective date, if o ctive date is listed, the filling.)	ther than the date of fili date must be specific	ng: (OPTIONAL) and cannot be more than five business days prior to or 90
EV: Effective date, if o ctive date is listed, the filling.)	ther than the date of fili date must be specific	
EV: Effective date, if of ctive date is listed, the filling.) EVI: Other provisions,	ther than the date of filiting date must be specific and the specific and	
E V: Effective date, if of ctive date is listed, the f filing.) E VI: Other provisions, REQUIRED SIGNAT Signature (In accordation constitutes I am aware)	if any. URE: ignature of a member nee with section 605.02 an affirmation under the that any false informa	
E VI: Other provisions, E VI: Other provisions, REQUIRED SIGNAT Signature (In accorda constitutes I am aware)	if any. URE: ignature of a member nee with section 605.02 an affirmation under the that any false informa	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State

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