## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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

Email Address: dgrgroupllc@gmail.com

25 JAH -8 AM 8:59

FLORIDA LIMITED LIABILITY CO.

DGC Group LLC

Certificate of Status	1
Certified Copy	0 .
Page Count	03
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	<del></del>	Group LLC	_	
(M	ust end with the words "L	.imited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address	•			
The mailing address and	street address of the princ	cipal office of the Limited Liability Company is:		
Principal Office Addre	<u>ss:</u>	Mailing Address:		
17 Prentice Rd		17 Prentice Rd		
_evittown NY 1175	66	Levittown NY 11756	-	
ARTICLE III - Registe	red Agent, Registered C	Office, & Registered Agent's Signature:	-	
The Limited Liability C	red Agent, Registered Company cannot serve as is with an active Florida regi	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an indivistration.)		
The Limited Liability C mother business entity of	ompany cannot serve as i	ts own Registered Agent. You must designate an indivistration.)		ſĂĹĹ,
The Limited Liability C nother business entity of the name and the Florid	ompany cannot serve as it with an active Florida region a street address of the reg	ts own Registered Agent. You must designate an indivistration.)	2024 JAN	FALLAHA
The Limited Liability C mother business entity of the name and the Florid	ompany cannot serve as it with an active Florida region a street address of the reg	ts own Registered Agent. You must designate an indivistration.)		FALLAHASS
The Limited Liability C nother business entity of the name and the Florid	ompany cannot serve as it with an active Florida region a street address of the reg	ts own Registered Agent. You must designate an indivistration.)  istered agent are:  Agent Services, Inc.  Name	2024 JAN -8	FALLAHASSEE.
The Limited Liability Connother business entity of the name and the Florid	ompany cannot serve as is with an active Florida region a street address of the region of the region of the Registered Action 155 Office Plaza Dr	ts own Registered Agent. You must designate an indivistration.)  istered agent are:  Agent Services, Inc.  Name	2024 JAN -8 PM	FALLAHASSEE, FLI
The Limited Liability Connother business entity of the name and the Florid	ompany cannot serve as is with an active Florida region a street address of the region of the region of the Registered Action 155 Office Plaza Dr	ts own Registered Agent. You must designate an indivistration.)  istered agent are:  Agent Services, Inc.  Name  ive, 1st Floor	2024 JAN -8	FALLAHASSEE, FLORH

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..

Registered Agent's Signature (REQUIRED)

Bruce B. Hubbard

(CONTINUED)

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Docusign Envelope ID: 96F5DE66-1291-4157-BA3D-7EC6D019D4D0

H25000008575

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	DF ESTATE VENTURES LLC
AMDR	30 N GOULD ST STE R SHERIDAN, WY 82801
	202
	2024 JAN
11 A SIVING 11	<del></del>
(Use attachment if necessary)	
E V: Effective date, if other than the date ective date is listed, the date must be spe of filing.)  E VI: Other provisions, if any.	of filing:
E V: Effective date, if other than the date	ecific and cannot be more than five business days prior to or 90 ds
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 6 constitutes an affirmation ur I am aware that any false inf	Docusigned by:

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