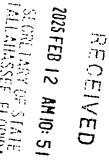


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



/12/25--01001--017 🚟130.00



CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (8.50) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

CERTIFIED COPY XX PHOTOCOPY XX CUS GS XX FILING LLC DAHOON 22 VENTURES LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
XX PHOTOCOPY XX CUS GS XX FILING LLC DAHOON 22 VENTURES LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
XX CUS GS XX FILING LLC DAHOON 22 VENTURES LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
XX FILING LLC DAHOON 22 VENTURES LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	H
DAHOON 22 VENTURES LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	. T - 3
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
PECIAL INSTRUCTIONS:	

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	T: Dahoon 22 Ventures LLC	mited Liability Company	<u> </u>
	A MATINE OF NATI	and Enougy Company	
The enclo	sed Articles of Organization and fee(s) ar	re submitted for filing.	
Please ret	urn all correspondence concerning this ma	atter to the following:	22
	Jason Matthews		SA 1
		Name of Person	
	Dahoon 22 Ventures LLC		
		Firm/Company	-1
	301 W Platt St., #A343		
		Address	
	Tampa, FL 33606		
	Jmatt@TeamABV.com	City/State and Zip Code	
	E-mail address: (to be used	I for future annual report notificatio	n)
For further	information concerning this matter, pleas	se call:	
	NanNan	nt (412) 414-4405 ne of Person — Area Code time Telephone Number	
Enclosed	is a check for the following amount:		
S125.00 I	Filing Fee X S130.00 Filing Fee & Certificate of Status	S155.00 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 of Corporatio Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

	Dahoon 22 Ventures LL0	
(Must	contain the words "Limited Liability Comp	pany, "L.L.C" or "LLC.")
RTICLE II - Address: ne mailing address and stro	eet address of the principal office of the Lin	nited Liability Company is:
·	incipal Office Address: A343 Tampa, FL 33606	Mailing Address:
		
he Limited Liability Com other business entity with	d Agent, Registered Office, & Registered pany cannot serve as its own Registered Agh an active Florida registration.) breet address of the registered agent are:	
The Limited Liability Com- nother business entity with	pany cannot serve as its own Registered Ag h an active Florida registration.)	
The Limited Liability Composited business entity with	pany cannot serve as its own Registered Ag h an active Florida registration.) treet address of the registered agent are:	
The Limited Liability Comnother business entity with	pany cannot serve as its own Registered Agh an active Florida registration.) Treet address of the registered agent are: Jason Matthews Name	ent. You must designate an individual or

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..

Jason Matthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MGR Jason Matthews 301 W Platt St., #A343 Tampa, FL 33606 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: ason Matthews

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.

Jason Matthews

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)