## 125000062734

(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



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with Ulvir

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RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	02/13/2025			
Name:	Cheyanne Davis	_		7 7
Reference #:	2657271	_		
Entity Name:	DOLPHIN DRIV	E PROPERTIES LLC	· · ·	
	s of Incorporation/Authorization			10:67
Amend	dment			
☐ Chang	ge of Agent			
☐ Reinst	atement			
☐ Conve	ersion			
☐ Merge	r			
Dissol	ution/Withdrawal			
Fictitio	ous Name			
✓ Other_	PLEASE ATTACH CERTIFIED	COPY AND GOOD STANDING	UPON FII	LING
Authorized Ar Signature:	mount: \$160.00			

## COVER LETTER

TO: New Filing Division of	g Section f Corporations					
SUBJECT:	DOLPHIN DR	RIVE PROPE	RTIES LLC			
	Name of Li	mited Liability	/ Company			
The enclosed Articl	es of Organization and fee(s) a	re submitted fo	or tiling.			- }
Please return all cor	respondence concerning this m	atter to the fol	lowing:			)، 1 1 ر،
		Joseph C				
		Name of P	erson			
		Clark H	ill		1	.2
		Firm/Com	pany		7	
	130 E	. Randolph S	st, Suite 3900			
		Addres			_	_
		Chicago, IL	60601			
	(	City/State and	Zip Code			_
	<del></del>	ciresi@clarkh				_
	E-mail address: (to be used		пиат героп поппсан	onj		
For further information	on concerning this matter, pleas	se call:				
	Joe Ciresi at (	312)	985-55	33		
	Name of Person	Area Code	Daytime Telephon	e Number		
Enclosed is a check	for the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Fil Certificate Certified Co (additional co	of Status opy	
	lailing Address	_	treet Address			
	ew Filing Section ivision of Corporations		ew Filing Section ivision of Corporati	ons		
	O. Box 6327		lifton Building	····		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DOLPHIN DR	IVE PROPERTIES I	LC	
(Must conta	in the words "Limited Li	ability Company, "L.L	.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal offi	ice of the Limited Liab	ility Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
	Dolphin Drive		Jeff Maccagnone	
North Reddington Beach, FL 33708 5 Baker La		5 Baker Lane		
	on Beach, 1 E 33100	Gross	e Pointe Farms, MI 4	8236
			e Pointe Farms, MI 4	8236
ARTICLE III - Registered Age (The Limited Liability Company on other business entity with an ac	nt, Registered Office, & cannot serve as its own R	Registered Agent's 5	e Pointe Farms, Mi 4 Signature:	-, - '
ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agent's 5 egistered Agent. You )	e Pointe Farms, Mi 4 Signature:	
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.	Registered Agent's 5 egistered Agent. You )	e Pointe Farms, Mi 4 Signature:	
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration. ddress of the registered a	Registered Agent's 5 egistered Agent. You: ) gent are:	e Pointe Farms, Mi 4 Signature:	
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ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration.  ddress of the registered a	Registered Agent's Segistered Agent. You: ) gent are: gency Global Inc. Name Calhoun Street, Su	e Pointe Farms, Mi 4 Signature: must designate an indiv	-, - '
ARTICLE III - Registered Age (The Limited Liability Company of another business entity with an ac	nt, Registered Office, & cannot serve as its own R etive Florida registration.  ddress of the registered a  Co	Registered Agent's Segistered Agent. You: ) gent are: gency Global Inc. Name Calhoun Street, Su	e Pointe Farms, Mi 4 Signature: must designate an indiv	

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..

(CONTINUED)

Bibiann Concailed, Asst Secty
Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Manager	Jeff Maccagnone	
	5 Baker Lane	_
	Grosse Pointe Farms, MI 48236	- -
Manager	Mark Judge	_
	9415 Blind Pass Rd.	
	St. Pete Beach, FL 33706	-
Manager	Craig McPhee	• • • • • • • • • • • • • • • • • • • •
	8437 Camelot Drive NE	- 🧐
	Rockford, MI 49341	- 13
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		;
(Use attachment if necessary)		
(Ose attachment if necessary)	-1	. <del></del>
CLE V: Effective date, if other than the date of filing		
	and cannot be more than five business days prior to or 5	00 days
e of filing.)	ne applicable statutory filing requirements, this date will n	as ka li
rument's effective date on the Department of Stal		or oc n
TLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		

Jeff Maccagnone

Typed or printed name of signee

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

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)