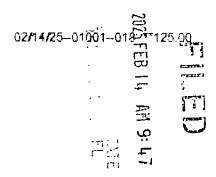
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XX	FILING	LLC			= 1
1.	DPC FRANCHISE 4, LLC (CORPORATE NAME AND DOCUME)	X**E* #/		117.2	M 5 11
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SPECIAI	L INSTRUCTIONS:				
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COVER LETTER

	DPC FRANCHISE 4,	II C					
SUBJECT	Γ:		ted Linb	ility Company			
		Name of Limi	iled Liab	mry Company			
The enclos	sed Articles of Organizati	on and fee(s) are	submitte	d for filing.			
Please retu	ırn all correspondence cor	scerning this mat	ter to the	following:			
	Jon McGraw						
			Name o	f Person			2025
	McGraw Rauba Mutare	li PA				•))25 FEB
			Firm/C	ompany		,	
	35 SE 1st Avenue, Suite	102				r	
		<u></u>	Add	ress			ا ا آ
	Ocala, Florida 34471					FTI	~1
		Cit	y/State a	nd Zip Code			<u>—</u>
:	jon@lawmrm.com			 .	· - ·· · · ·	-	
	E-mail addr	ess: (to be used fo	or future	annual report notificati	on)		
For further i	nformation concerning th	s matter, please o	all:				
	Jon McGraw	352 at (789-6520			
	Name of Person		a Code	Daytime Telephone	e Number	-	
Enclosed is	s a check for the following	amount:					
	Filing Fee \$130.0	0 Filing Fee & te of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Certificat Certified ((additional c	e of Statu Copy	s &
	Mailing Address New Filing Section			Street Address New Filing Section Di	vision		
	Division of Corpo P.O. Box 6327			The Centre of Tallaha	ssee		
	New Filing Section Division of Corpo			New Filing Section Di	ssee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DPC FRANCHI					
(Must	contain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limit	ed Liability Company is:		
<u>Pri</u>	Principal Office Address:		Mailing Address:		
1551 NW 44TH	AVENUE	15	1551 NW 44TH AVENUE		
OCALA, FL 34	482		OCALA, FL 34482		
The name and the Florida st	JON MCGRAW 35 SE 1ST AVENU	Name E, SUITE 102			
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)		
	OCALA	FL.	34471		
	City	State	Zip		
place designated in this certific further agree to comply with th	cate, I hereby accept the app ne provisions of all statutes r e obligations of my position	pointment as registe elating to the prop as registered agen	he above stated limited liability ered agent and agree to act in to er and complete performance of t as provided for in Chapter 60 ature (REQUIRED)	his capacity f my duties	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR DOUGLAS P. CONE, JR 1551 NW 44TH AVENUE OCALA, FL 34482 (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 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. REOURED SIGNATURE: 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 follows as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

JON MCGRAW, Attornev/Authorized Agent

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