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## FLORIDA DEPARTMENT OF STATE Division of Corporations Public Access System

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Division of Corporations
Fax Number: (850) 205-0381

From: Debarah K. Miller (KDN / 175-2156)
Account Name: FOWLER, WHITE 2
Account Number: (813) 228-7411
Fax Number: (813) 228-9401

#### FLORIDA LIMITED LIABILITY COMPANY

#### DMNCP, LLC

Certificate of Status 6
Certified Copy 1
Page Count 2
Estimated Charge \$155.00

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## ARTICLES OF ORGANIZATION OF DMNCP, LLC

I hereby file these Articles of Organization as an authorized representative of the limited liability company to be formed pursuant to these Articles of Organization and the laws of the State of Florida.

#### ARTICLE I EFFECTIVE DATE

The limited liability company shall be effective December 30, 2002.

#### ARTICLE II NAME

The name of the limited liability company to be formed hereunder is "DMNCP, LLC".

## ARTICLE III MAILING ADDRESS AND STREET ADDRESS

The mailing address of the principal office of the limited liability company is P.O. Box 10581, Tampa, Florida 33679.

The street address of the principal office of the limited liability company is 4828 San Jose St., Tampa, Florida 33629.

### ARTICLE IV REGISTERED OFFICE AND REGISTERED AGENT

The street address of the limited liability company's initial registered office in Florida is 501 East Kennedy Blvd., Suite 1700; Tampa, FL 33502, and the name of its initial registered agent is Kevin D. Nelson.

## ARTICLE V MANAGEMENT

The limited liability company is a member-managed company.

IN WITNESS THEREOF, the undersigned has executed these Articles of Organization this 30th day of December, 2002.

Kevin D. Nelson, Authorized Representative

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#### ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of DMNCP, LLC, the undersigned accepts such appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent.

Executed this 30th day of December, 2002.

Communication Nelson

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