L04000028260

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	sin es s Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





700031723617

04 APR 13 PM 5: 22 SEURE LARY OF STATE ALLAHASSEE, FIRBLE

O4 APR 13 PH 4: 12

13/1



PONATION SERVICE COMPANY. ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: April 13, 2004 ORDER TIME : 3:33 PM ORDER NO. : 564965-005 CUSTOMER NO: 5014227 CUSTOMER: Ms. Tammy Tinney Becker & Poliakoff, P.a. 3111 Sterling Road Fort Lauderdale, FL 33312 DOMESTIC FILING DASHBOARD HOSTINGS, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER'S INITIALS:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPA

ON APR 13 PM 5: 22 SECURIOS SEE, FLORIDA
mited Liability Company is: tress: Same
i Agent's Signature:
_

ARTICLE I - Name: The name of the Limited Liability Company is: Dashboard Hostings, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Li Principal Office Address: Mailing Add P.O. Box 9896 Coral Springs, FL 33075 ARTICLE III - Registered Agent, Registered Office, & Registered The name and the Florida street address of the registered agent are: Jeffrey L. Rubinger Name 3111 Stirling Road Florida street address (P.O. Box NOT acceptable) FLORIDA 33312 Ft Lauderdale

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 608, Florida Statutes..

City, State, and Zip

ent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	B.O.D. Ventures, LLC
	P.O. Box 9896
	Corel Springs, FL 33075
(Use attachment if necessary)	

NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	andel
	or an admorited representative of a member.
(In accordance with sec of this document constit that the facts stated here	tion 608. 108(2), Florida Statutes, the execution tutes an affirmation under the penalties of perjury on are true.)
	Jeffrey Rubinper
Typ	ed or printed name of signes

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)