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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DNG HOLDING ESTATE GROUP, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN LEON, ESQ.

(Name of Person)

THE LAW OFFICES OF JOHN LEON

(Firm/Company)

6175 NW 153 STREET, SUITE 403

(Address)

MIAMI LAKES, FLORIDA 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN LEON

(Name of Person)

at (305)

827-9983

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2008-03-11 11:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DNG HOLDING ESTATE GROUP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

17251 SW 12 STREET
PEMBROKE PINES, FLORIDA 33029

SAME
SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JOHN LEON

Name

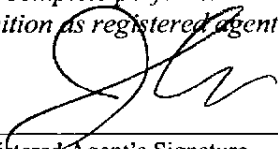
6175 NW 153 STREET

Florida street address (P.O. Box **NOT** acceptable)

MIAMI LAKES, FL 33014 FL

City, State, and Zip

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, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MANUEL NEGREIRA

698 NW 106 AVE

CORAL SPRINGS, FL 33071

MGRM

VINCENTE DANIEL-GONZALEZ

17251 SW 12 STREET

PEMBROKE PINES, FL 33029

MGRM

JORGE LUIS GONZALEZ

6215 W 22 COURT #7

HIALEAH, FLORIDA 33016

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN LEON

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)