

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)61.7-6383

From:

Account Name

: LAZARUS CORPORATE FILLING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220+1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DC REALTY GROUP, LLC

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

J. BRYAN

SEP 3 0 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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H09000210019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e;				
The name of the Lin	nited Liability Company is:				•
DC Mus	ealt Gran	C (C	.c.ŋ		
ARTICLE II - Add The mailing address	iress: and street address of the pi	rincipal office of the Liv	nited Liability Compan	cy is:	
Principal Office Address:		Mailing Address:	,		
7073 SW .	47 St. L 33155	Same			
(The Limited Liability Corbusiness entity with an ac	Name 7073 5w 4 Florida street address of the s	registered agent are: Polyrigue Z 7 St dress (P.O. Box NOT accept	SECRETARY OF STATE AND INDIVIDUAL AN		

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 (REQUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Tide: "MGR" = Manager "MGRM" = Managing Member MGRM ARTICLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filling.) ARTICLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filling.)

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signes

Filing Pees:

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

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

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