

L990000006249
Division of Corporations Page 1 of 2

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4003

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

DL LEASING FLORIDA, ~~INC~~ L.L.C.

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

ARTICLES OF ORGANIZATION

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FOR

DL LEASING FLORIDA, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is DL LEASING FLORIDA, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 7914 Wiles Road, Coral Springs, FL 33067

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be thirty (30) years.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Scott Douglass
7500 NW 21st Court
Margate, FL 33063

Randall Leavy
1523 Mira Vista Circle
Coral Springs, FL 33067

FILED
OCT 11 1999
PM 12:35
CLERK OF COURT
DADE COUNTY
FLORIDA

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


SCOTT DOUGLASS, Member

RANDALL LEAVY, Member

Prepared by: Edward Brooks CPA
10251 B West Sample Road
Coral Springs, FL 33065, (954)753-9722

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: DL LEASING FLORIDA, L.L.C.

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

SCOTT DOUGLASS

NAME

7800 NW 21st COURT

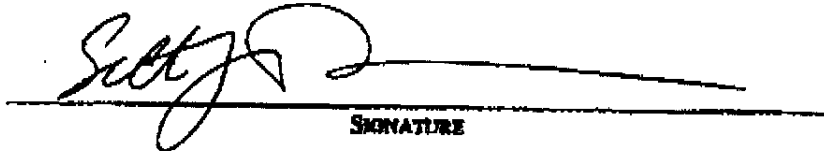
Florida street address (P. O. Box NOT ACCEPTABLE)

MARGATE

FL 33063

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.


SIGNATURE

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DIVISION
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