Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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L. SELLERS

To:

Division of Corporations

Fax Number : (850) 617-6383

AUG -4 2011

EXAMINER

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number : I20030000112 Phone : (239)552-4100

Fax Number : (239)649-1706

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kac @ SubNAPLES. Com

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ECKERANY OF STATE
LLAHASSEE.FLORIDA

FLORIDA/FOREIGN LP/LLLP DMG Acquisitions, LLLP

Certificate of Status	0 _
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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SEE TAKE OF STREET

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: DM	3 Acquisitions, LLLF Name of Florida Limited Part		ability Limited Partnership
The enclosed Certi	ficate of Limited Partners	ship and fees are su	abmitted for filing,
Please return all co	orrespondence concerning	this matter to:	
Kevin Carmicha	ael, Esq.	Little Control	
Salvatori, Wood &			
9132 Strada J	Place, Fourth Floor		
Naples, FL 34	108 City, State and Zip Code		
k2c@swbnaple E-meil address: (S.COM to be used for future annual re	port notification)	
For further informa	ation concerning this mat	ter, please call:	
Kevin Carmich		_^ \/	552-4100 Daytime Telephone Number
Enclosed is a check	k for the following amour	nt:	
\$1,000.00 Filing Fe (\$965 Filing Fee an \$35 Registered Age Fee)	d and Certificate of	\$1,052.50 Filing I and Certifled Cop	
STREET ADDRE Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahasses, FL 33	n ations nter Circle	Registration of P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1, DMG Acquisitions, LLLP			
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.			
2. 9132 Strada Place, Fourth Floor, Naples, FL 34108			
(Street address of initial designated office)			
3. Kevin Carmichael, Esq.			
(Name of Registered Agent for Service of Process)			
4,9132 Strada Place, Fourth Floor, Naples, FL 34108			
(Florida street address for Registered Agent)			
5. 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 relative 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 of Registered Agent			
6,9132 Strada Place, Fourth Floor, Naples, FL 34108			
(Mailing address of initial designated office)			
(112mmil man 100 0) 111111			
7. If limited partnership elects to be a limited liability limited partnership, check box			
1. It mitted betaleight before to be a minute monthly minute becausely and an emiliar			

Name:	Business Address:
DMG Acciones, LLC	c/o Kevin Carmichael, Manager
	9132 Strada Place, Fourth Floor, Naples, FL 34108
	
9. Effective date, if other than the date of	filing:
(Effective date cannot be prior to n filed by the Florida Department of	or more than 90 days after the date the document is State.)
Signed this 3rd day	ofAugust , 2011 .
stated herein are true. I/We am/are	//We submit this document and affirm that the facts aware that any false information submitted in a te constitutes a third degree felony as provided for in
(·	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75