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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

00 JAN -5 PM 4:00

LIMITED LIABILITY COMPANY

D & Y, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & Y, LLC

ARTICLE II - Address:

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

3224 NW 5 Avenue
Miami, FL 33127

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

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

Deanna Fuller Rechnainou
Name
2324 NW 5 Avenue
Florida street address (P.O. Box NOT acceptable)
Miami FL 33127
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.

Deanna Fuller Rechnainou
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Deanna Fuller Rechnainou
Signature of a member or 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.)

Deanna Fuller Rechnainou
Typed or printed name of signee

00 JAN -5 PM 4:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS