

L 000000004948



ACCOUNT NO. : 072100000032

REFERENCE : 681361 9429A

AUTHORIZATION : *Patricia Pugh*

COST LIMIT : \$ 155.00

ORDER DATE : May 1, 2000

ORDER TIME : 3:24 PM

ORDER NO. : 681361-005

CUSTOMER NO: 9429A

300003234013--2

CUSTOMER: Ms. Jennifer Norris  
ALFORD BARBER & MARIANI  
ALFORD BARBER & MARIANI  
1550 S. Highland Avenue

Clearwater, FL 33756

DOMESTIC FILING

NAME: D&S, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

FILED  
00 MAY -1 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
00 MAY -1 PM 4:10  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF

D & S, L.L.C

ARTICLE I - NAME

The name of the Limited Liability Company is D&S, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 736 Scotland Street, Dunedin, Florida 34698.

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

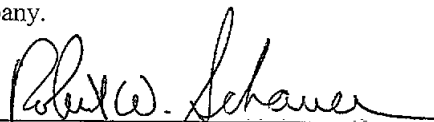
John N. Durica  
736 Scotland Street  
Dunedin, Florida 34698

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 property 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..

  
JOHN N. DURICA

ARTICLE IV - MANAGEMENT

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


  
ROBERT W. SCHAUER, Member

(In accordance with section 408.408(3), Florida statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

FILED  
00 MAY -1 AM 8:13  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA  
COUNTY OF PINELLAS

Sworn to and subscribed before me this 28<sup>th</sup> day of April, 2000 by ROBERT W. SCHAUER and JOHN N. DURICA, who are personally known to me or who have produced drivers license as identification.

  
Notary Public  
State of Florida  
My Commission Expires: May 19, 2003



Charles F. Barber  
MY COMMISSION # CC830859 EXPIRES  
May 19, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.