From: Dominion Surf ATTN: KYLE LANTIE		710284	
34 CAPISTRANO ORMOND, FL 321-	Do	·	
Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
1. (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) (Document #) (Document #)	SECRETARY OF STATE Certified Copy Certificate of Status	
Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R Change of Regist Dissolution/With Merger REGISTRATION/O Foreign Limited Partnersh Reinstatement Trademark Other	drawal <u>UALIFICATION</u>	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Dominion SURF L.L.C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 34 CAPISTRANO Dr., ORMOND, FL, 32176
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name 34 CAPISTRANO DR. Florida street address (P.O. Box NOT acceptable) Ormono BEACH FL 32176 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 Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more manager and in therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) 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.) Stephen Scross Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)