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4332 HUNTING TRAIL LAKE WORTH, FLORIDA 33467

(561) 802-4101

ARTICLES OF ORGANIZATION FOR DDCGT, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DDCGT, LLC

ARTICLE II - Address:

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

9044 Alternate AlA, North Palm Beach, Florida 33403

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

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

Donna	G. Thra	asher			
		Nam	e		
4332	Hunting	Trail			
Florida street address (P.O. Box NOT acceptable) Lake Worth FL 33467					
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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 managers and is, therefore, a manager - managed company.

Dr. Michael Berkenblit 1010 Morse Boulevard

Singer Island, Florida 33404

(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.)

Dr. Michael Berkenblit/Donna Thrasher

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)

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