

March 29, 2001

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 HJH

To Whom It May Concern:

Please see the enclosed Articles of Organization For Florida Limited Liability Company and check in the amount of \$160.00 for the related filing fees.

Should you have any questions regarding this matter please feel free to call me.

Sincerely,

Scot J. Zgura, CPA Enclosures (2)

Scot of Zguna

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SECRETARY OF STATE
TALLAHASSEF FI ABIE





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
DIRECT HOMELINK, LLC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Lir	nited Liability Company is:
	inted Diabnity Company is.
7575 DR. PHILLIPS BLUD	
SUITE 170	
ORLANDO, FL 32819	A 49 - 62 ave advance
ARTICLE III - Régistered Agent, Registered Office, & Registered	Agent's Signature:
The name and the Florida street address of the registered agent are:	
Scot 764RA	-
, Name	
SCOT ZGURA Name 1528 HOFFNER AVE	
Florida street address (P.O. Box NOT acceptab	le)
ORLANDO FL 3286 City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of proces	s for the above stated limited
liability company at the place designated in this certificate, I hereby ac	cent the appointment as
liability company at the place designated in this certificate, I hereby ac	mnh with the provisions of all
registered agent and agree to act in this capacity. I further agree to co	mply with the provisions of an
statutes relating to the proper and complete performance of my duties,	ana I am jumitiar with and
accept the obligations of my position as registered agent as provided fo	or in Chapter 608, F.S
	•
Registered Agent's Signature	
Registered Agent's Signature	
Article IV - Management (Check box if applicable.)	·
☐ The Limited Liability Company is to be managed by one manage	er or more managers and is,
therefore, a manager - managed company.	
	<u>,</u>
(An additional article must be added if an effective d	ate is requested)
Scat Cours	
Signature of a member or an authorized representative	of a member.
(In accordance with section 608.408(3), Florida Statutes,	the execution ARE APR - 2 FIL
of this document constitutes an affirmation under the pena	alties of perjury
that the facts stated herein are true.)	第2 ~ 元 元
Sec. 76:00 4	FILED -2 PM SSEE. F
Typed or printed name of signee	F C
1, pv 1 or p	OR OR OR
Filing Fees:	STATE LORIDA
\$100.00 Filing Fee for Articles	or Organization
\$ 25.00 Designation of Register	red Agent
\$ 30.00 Certified Copy (Option	nal)
\$ 5.00 Certificate of Status (C	Optional)