

201000009512

6355 ...ra St.
Fort Pierce 3495
(561) 460-72
(860) 2635

Dolphin Computer Services, LLC

June 2, 2001

Registration Section
Divisions of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 487-6051

500004376175--3
-06/07/01--01104--005
****125.00 ****125.00

Dear Sir or Madam:

Enclosed are the Articles of Organization for a Florida Limited Liability Company for your approval and a check for \$125.00 to cover the cost of registration.

Sincerely,

Sharon Schlachter
Sharon Schlachter
Manager

201-9512

WR 6/14
FILED
01 JUN -7 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOLPHIN COMPUTER SERVICES, LLC

ARTICLE II - Address:

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

6455 ALEMENDRA ST.
FT PIERCE, FL 34951

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

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

SHARON SCHLACHTER
Name
6455 ALEMENDRA ST.
Florida street address (P.O. Box NOT acceptable)
FORT PIERCE, FL 34951
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..

Sharon Schlachter

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.

(An additional article must be added if an effective date is requested)

Sharon Schlachter

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.)

SHARON SCHLACHTER

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED