



L0100 0019462

ACCOUNT NO. : 072100000032

REFERENCE : 365334 9964A

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 155.00

ORDER DATE : November 8, 2001

ORDER TIME : 1:37 PM

ORDER NO. : 365334-005

CUSTOMER NO: 9964A

CUSTOMER: Ronda M. Parris, Legal Asst  
Shumaker Loop & Kendrick

Barnet Plaza, Suite 2800  
101 East Kennedy Boulevard  
Tampa, FL 33602

RECEIVED  
01 NOV - 8 PM 2:27  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: DRP ENTERPRISES, LLC

800004673248--5.4

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS:

RECEIVED  
01 NOV - 8 PM 4:01  
TALLAHASSEE, FLORIDA

*JB*  
*11-09-01*

*WAT 25835*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 8, 2001

CSC  
DEBORAH SCHRODER

SUBJECT: DRP ENTERPRISES, INC.  
Ref. Number: W01000025835

We have received your document for DRP ENTERPRISES, INC. and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 501A00060856

01 NOV - 2 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALPHEUS  
AND  
MTP

**ARTICLES OF ORGANIZATION  
FOR  
DRP ENTERPRISES, LLC**

**ARTICLE I – Name**

The name of the Limited Liability Company is: **DRP ENTERPRISES, LLC**

**ARTICLE II – Address**

The mailing address and street address of the principal office of the Limited Liability Company is: **29922 Baywood Lane, Wesley Chapel, Florida 33543**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature**

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

BRUCE H. GORDON

Name

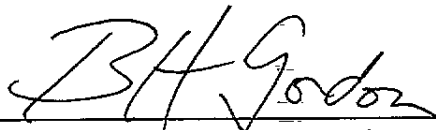
101 E. Kennedy Blvd., Suite 2800

Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33602

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

BRUCE H. GORDON

Typed Or Printed Name Of Registered Agent

**ARTICLE IV – Management (Check Applicable Box.)**

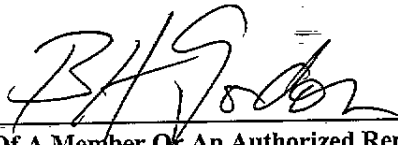
☒ The Limited Liability Company is to be managed by one manager or two or more managers and is, therefore, a “Manager – Managed Company.”

☐ The Limited Liability Company is to be managed by its members and is, therefore, a “Member-Managed Company.”

**ARTICLE V – Effective Date**

The existence of the Limited Liability Company will begin at the date and time when the Articles of Organization are filed with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on this the 7<sup>TH</sup> day of November, 2001.



\_\_\_\_\_  
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.

BRUCE H. GORDON

\_\_\_\_\_  
Typed Or Printed Name Of Signee

APPROVED  
AND  
FILED

01 NOV 09 PM 4:01

STATE OF FLORIDA  
DEPARTMENT OF STATE