

LO2000024379

Please accept the enclosed Articles of Organization and a check for the appropriate fees for filing. My daytime phone number is 854 771-4615 extension 2471.

Please call w/ any questions.

*[Signature]*

(954) 772-5511  
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3 pages



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 10, 2002

MIKE CRITCH  
2176 NE 64TH ST  
FT LAUDERDALE, FL 33308

SUBJECT: DMA, LLC  
Ref. Number: W02000026239

We have received your document for DMA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 202A00051901

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: DMA, LLC

## ARTICLE II - Address:

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

5300 W. Atlantic Ave., Suite 701  
Delray Beach FL 33484

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

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

Mike Critch

Name

2176 NE 64th St.

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

Ft Lauderdale FL 33308

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.

[Signature]

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)

[Signature]  
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.)

L. Michael Critch

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

02 SEP 19 PM 2:46

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