

LD20 00031740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

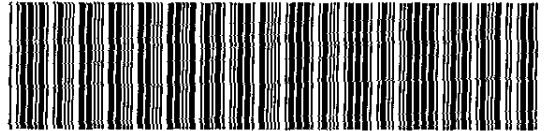
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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STATE OF FLORIDA
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JB
11-26-02

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/State/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- Dax, LLC
- 2- _____
- 3- _____
- 4- _____

- Walk-in
- Pick-up time ASAP
- Certified Copy
- Mail-out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Designation of Registered Agent

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 02/15/2026 PM 1:04
 TALLAHASSEE, FL
 STATE

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

D2K, L.L.C.

ARTICLE II – Address:

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

**P.O. Box 350688
Jacksonville, FL 32235-0688**

and

**4167 Leeward Point
Jacksonville, Florida 32225**

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV – Management:
(check and complete the appropriate statement)**

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**Barry Khosrowzadeh
Farzin DaRabi**

**P.O. Box 350688
Jacksonville, Florida 32235-0688**

and

**4167 Leeward Point
Jacksonville, Florida 32225**

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TALLAHASSEE, FLORIDA

- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V – Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The Company may admit additional or substitute members only with the approval of members whose aggregate membership interest exceeds 80 percent (80%).


ARTICLE VI – Members Rights to Continue Business:


The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

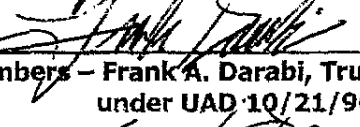
The Company's business shall be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.

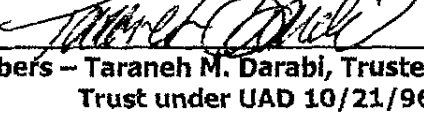
These Articles of Organization for D2K, L.L.C. shall be effective for all purposes as of this 22 day of NOVEMBER, 2002.

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Members - Barry Khosrowzadeh and Susan Khosrowzadeh, his wife


Members - Farzin Darabi and Dianne Darabi, his wife


Members - Frank A. Darabi, Trustee of the Frank A. Darabi Trust under UAD 10/21/96


Members - Taraneh M. Darabi, Trustee of the Taraneh M. Darabi Trust under UAD 10/21/96

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Name of the limited liability company is: **D2K, L.L.C.**
2. The name and address of the registered agent and office is:

Dale A. Beardsley, Esquire

(NAME)

4595 Lexington Avenue, Suite #100

(P.O. BOX **NOT** ACCEPTABLE)

Jacksonville, FL 32210-2058

(CITY/STATE/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.

(SIGNATURE)

(DATE) 11/22/02

Filing Fee: \$25.00 for Designation of Registered Agent

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