

Division of Corporations

Page 1 of 2

L03000030767

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000256016 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

DBMABM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
JULIA A. GOSSETT, FLORIDA

03 AUG 18 AM 8:13

OFFICE
AND
FILE

DIVISION OF CORPORATION

RECEIVED

03 AUG 18 PM 4:30

JB
8-19-03

08/18/2003 14:38 FAX 5613378843
08/18/2003 14:14 FAX 516 345 8187
08/18/2003 15:50 FAX 3213378843

PARAMOUNT HOMES
PARAMOUNT QUALITY HOMES + ST LUCIE OFFICE
PARAMOUNT HOMES + PARAMOUNT NY

0004
002/002
0002

4030002560164

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

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

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability
1597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent
DAVID SCHREIER
1597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Having been named as registered agent to accept service of process for the above stated
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
all statutes relating to the proper and complete performance of my duties, and I am familiar with
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

David Schreier

Registered Agent's Signature

David B. Markowitz

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.

DAVID MARKOWITZ

Typed or printed name of signer

03 AUG 18 AM 8:13
FILED
CLERK OF COURT
STATE OF FLORIDA

1030002560164