

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.

(((H03000257348 0)))

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

Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011

: (800) 603-2533

Fax Number : (800)398-0461

LIMITED LIABILITY COMPANY

DHA LLC

Certificate of Status	0
Certified Copy	•
Page Count	9 3
Estimated Charge	\$125.00

ATASION OF CORPORATION

\$/20/03 8:48 AM

Fax Audit No. (((H03000257348 0

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

DHA LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

DHA LLC

ARTICLE II - Address:

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

3578C NORTH ACCESS ROAD, ENGLEWOOD, FL 34224

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

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

RUTH HOBBS

Name

3578C NORTH ACCESS ROAD

Picrida street address (P.O. Box NOT ACCEPTABLE)

ENGLEWOOD, FL 34224

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 varificate, I hereby accept the appointment as registered agent and agree to act in this concerny. 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 agant as provided for in 608,

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Limbility Company is to be mapaged by one manager or more managers and is therefore, a manager - managed company

Signature of a member or authorized representative of a member.

(In accompanse with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury

that the facts stated horoin are true,)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info: Parcorp Services, Ltd. / David L., Surina 931 W. 75th Street, Sto. 137-317, Naperville, IL 80565 / (800) 603-2533 Fax Audit No. (((H03000257348 0

Fax Andit No. (((H 03000257348 0)))

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

DHA LLC

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

RUTH HOBBS
Name
3578C NORTH ACCESS ROAD
Florida street address (P.O. Box NOT ACCEPTABLE)
ENGLEWOOD, FL 34224
City, State and Zio

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.

2145

Registered Agent RUTH HOBBS

Fax Andit No. (((H03000257348 0)))

,