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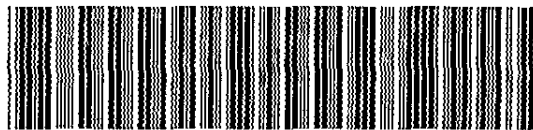
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KARL W. BOYLES, JR.  
ATTORNEY AND COUNSELOR AT LAW

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September 2, 2003

Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Re: D.C.P.C. Limited Liability Company


Dear Sir:

Enclosed is an original and one copy of the following:

1. Articles of Organization
2. Check in the amount of \$160.00 which represents:

\$100.00 filing fee  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy  
\$ 5.00 Certificate of Status

Yours very truly,



KARL W. BOYLES, JR.

KWBjr/dmt  
Enclosures

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

**ARTICLE I - Name:**

The name of the Florida Limited Liability Company is D.C.P.C. LIMITED LIABILITY COMPANY.

**ARTICLE II - Address:**


The mailing address and street address of the principal office of the Limited Liability Company is:  
450 Van Pelt Lane  
Pensacola, FL 32505

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

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

Clyde J. Patroni, Sr.  
5 Sabine Drive  
Pensacola Beach, FL 32561

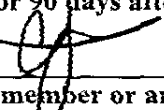
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

X   
\_\_\_\_\_  
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) (The date cannot be more than five business days prior to or 90 days after the date of filing)

X   
\_\_\_\_\_  
Signature of a member or an authorized representative.

Signed this 25 day of August, 2003.

X   
\_\_\_\_\_  
CLYDE J. PATRONI, SR.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA