

**L03000042767**

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Fax Number : (850) 205-0383

From:

Account Name : HUECO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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**LIMITED LIABILITY COMPANY**

**DM-Sargon LLC**

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **DM-Sargon LLC**

## ARTICLE II - Address

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

**7820 S. Holiday Drive, Suite 320  
Sarasota, FL 34231**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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

**Michael W. Hawkins**

Name

**1900 S. Harbor City Blvd, Suite 315**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Melbourne, FL 32901**

(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 as provided for in Chapter 608, F.S.*

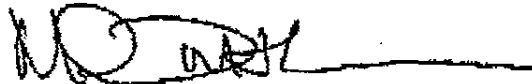


*Registered Agent's Signature - Michael W. Hawkins*

## 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

**Michael W. Hawkins - 1900 S. Harbor City Blvd, Suite 315, Melbourne, FL 32901 - (Managing Manager)**



*Signature of a member or 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. )

**Michael W. Hawkins**

Typed or printed name of signee

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