

L040000011743

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

DIVISION OF CORPORATIONS

04 FEB 12 AM 8:09

RECEIVED

LIMITED LIABILITY COMPANY

D.S. Gould Properties, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

04 FEB 12 PM 5:00
SECRET
FBI

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Handwritten signature/initials

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.S. GOULD PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

1600 DISTRIBUTION DRIVE

SUITE D

DULUTH, GEORGIA 30097

Mailing Address:

1600 DISTRIBUTION DRIVE

SUITE D

DULUTH, GEORGIA 30097

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

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

CT CORPORATION SYSTEM

Name

c/o CT Corporation, 1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, FLORIDA 33324

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 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, Florida Statutes..

Connie Bryan

Registered Agent's Signature

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

SECRET
FALLAH

04 FEB 12 PM 5:17

APPROVED
FILE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David S. Gould

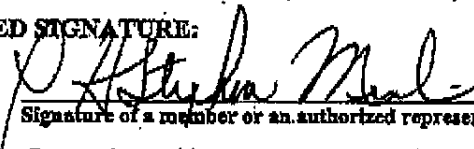
1600 Distribution Drive, Suite D

Duluth, Georgia 30097

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

H. Stephen Merlin, Organizer

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRET
FALL 1997

04 FEB 12 01:50:01

APPROVED
AND
FILED