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Division of Corporations

Fax Number : (850)205-0383

Account Name : MICHAEL A. PYLE, P.A.

Account Number : I2000000053 Phone : (386)615-9007 Fax Number : (386)676-2615

LIMITED LIABILITY COMPANY

DVE, LLC

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OF DVE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is **DVE, LLC**.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Companion 1011 Hampstead Lane, Ormond Beach, Florida 32174.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Arnold Vera, 1011 Hampstead Lane, Ormond Beach, Florida 32174**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this ______ day of January, 2004.

ARNOED VERA

STATE OF FLORIDA COUNTY OF VOLUSIA

Shari L. Howe Commission # DB 051357 Expires Ang. 19, 2005 Boxeled Thru Atlantic Bonding Co., Inc.

Shari L. Howe

(Printed Name)
My Commission Expires: 8/

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

ARNOLD ERA, Registered Agent

SECRETARY OF STATE