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(City/State/Zip/Phone #)

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MAIL

\_\_\_\_\_  
(Business Entity Name)

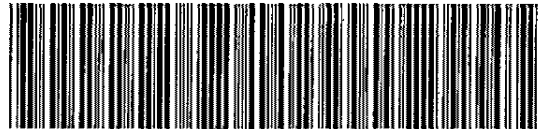
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## **BURR & FORMAN LLP**

ATTORNEYS AND COUNSELORS

Edward J. Rappaport, Esq.  
Direct Dial: (404) 685-4970  
Email: erappapo@burr.com

Post Office Box 54617  
Atlanta, Georgia 30308

(404) 815-3000  
(404) 817-3244 (Fax)

May 27, 2004

### **VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: DLJ 34, LLC**

Dear Sir/Madam:

In reference to the above entity, I am enclosing the original Articles of Organization for filing in your office. I have also enclosed our firm's check in the amount of \$125.00, which represents the filing fees.

We request that you file the Articles of Organization, issue a Certificate of Organization and take such other actions as are required by the law to effectuate the organization of this limited liability company and return the same to my attention at the above address.

Please notify the undersigned at (404) 685-4270 if there are any questions about these documents.

Sincerely,



Edward J. Rappaport

/KYB  
Enclosures

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DLJ 34, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward J. Rappaport  
(Name of Person)

Burr & Forman LLP  
(Firm/Company)

171 17th Street  
600 West Peachtree Street, Suite 1100  
(Address)

Atlanta, Georgia 30308 30363  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward J. Rappaport at ( 404 ) 685-4270  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DLJ 34, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7521 Dunbridge Drive  
Odessa, FL 33556

**Mailing Address:**

7521 Dunbridge Drive  
Odessa, FL 33556

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

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

Dexter L. Jackson

Name

7521 Dunbridge Drive

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

Odessa

FLORIDA

33556

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..*

Dexter Jackson

Registered Agent's Signature

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**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

Dexter L. Jackson

7521 Dunbridge Drive

Odessa, FL 33556

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Dexter Jackson*

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.)

Dexter L. Jackson

Typed or printed name of signee

**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)

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