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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
TO: Registration Section Division of Corporations  SUBJECT: DLFMC, 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:  GERALA B. FINCKE
(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:
CERALD B. FINCKE (Name of Person)
(Name of Person)
CO OCEAN WALK PROPERTIES  (Firm/Company)
(Firm/Company)
315 N. ATLANTIC AVENUE
(Address)
DAYTONA BEACH, FL 32118
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
(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

## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITE

ARTICLES OF ORO FOR FLORIDA LIMITED LIA	The state of the s
ARTICLE I - Name: The name of the Limited Liability Company is:	Alla College S
DLFMC, LL. ARTICLE II - Address:	
The mailing address and street address of the principal Office Address:	pal office of the Limited Liability Company is:  Mailing Address:
315 N. ATLANTIC AVENUE	c/o GERALD B. FINCKE
DAYTONA BEACH, FL 32118	315 N. ATLANTIC AVENUE

DAYTONA BEACH FL 32118

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

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

GERALD B. FINCKE 315 N. ATLANTIC AVENUE
Florida street address (P.O. Box NOT acceptable)

OAYTONA BEACH, FLORIDA 32118
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..

Kld B. Frusche

Page 1 of 2 (CONTINUED)

<b>ARTICLE</b>	$1V_{-}$	Manageri	(e)	or Mon	aging	Memberi	(e)
AKHULE	IA-	Manager	3)	OF MAN	agmg	MIGHINGI	، ردی

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Gerald B. Fincke  315 N. Atlantic Avenue  Daytona Beach, FL 32118
MGRM	Gordon H. McNeil 44 Oak Meadow Trail Pitts Ford, NY 14534
MGRM	165 Neptune Chapip Ormand Bouch, FL 32176
MGKM	Elliott Landsman 3 Town line Circle Rochester, NY 14623
(Use attachment if necessary)  MGRM	Isadore Diamond Embussy Suttes-661 NW 53rd st. Boca Raton, FL 33487

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.)

GERALD B. FINCKE
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)