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AUTHORIZATION :

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ORDER DATE: June 15, 2004

ORDER TIME : 3:32 PM

ORDER NO. : 751514-005

CUSTOMER NO: 5030952

CUSTOMER: Gary S. Phillips, Esq.

Phillips, Eisinger & Brown

Suite 265, South

4000 Hollywood Boulevard Hollywood, FL 33021

#### DOMESTIC FILING

NAME: DSSNA HOLDING COMPANY, L.L.C.

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ALLAHOSEE, FORIOR

### Articles of Organization for DSSNA Holding Company, L.L.C.

# TARCELLA SEE, FLORE STATE

# ARTICLE I. Name

The name of the limited liability company (the "Company") is:

DSSNA Holding Company, L.L.C.

# ARTICLE II. Mailing and Street Address

The mailing address and street address of the Company is 6315 N.W. 120<sup>th</sup> Drive, Coral Springs, Florida 33076.

# ARTICLE III. Registered Agent

The name and street address of the initial registered agent of the Company for service of process in the State of Florida is GARY S. PHILLIPS, 4000 Hollywood Boulevard, Suite 265 South, Hollywood, Florida 33021.

#### ARTICLE IV. Subscriber

The name and address of the person executing these Articles of Organization as an authorized representative of a Member of the Company, is GARY S. PHILLIPS, 4000 Hollywood Boulevard, Suite 265 South, Hollywood, Florida 33021. Said person shall not be liable, in any form or fashion, for any acts or omissions of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 1 day of \_\_\_\_\_\_, 2004.

SARY'S, PHILLIPS

INOTARY CERTIFICATION APPEARS ON THE FOLLOWING PAGEJ

STATE OF FLORIDA	)	
COUNTY OF BROWARD	)	
	iblic authorized in the County and State set for HILLIPS, <u>personally known to me,</u> or who has particular as identification, to be the person wh	produced
	ember of the Company, executed the foregoing Acompany, L.L.C., and he acknowledged before m	
IN WITNESS WHEREOF in the County and State last afo	I have hereunto set my hand and affixed my offesaid, this 15 day of 1004.	fic <b>ia</b> l seal
	NOTARY PUBLIC - State of Flo	rida
	Name of Notary - Please Print	

My Commission Expires:

#### **ACCEPTANCE BY REGISTERED AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE III OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY A CKNOWLEDGES THAT IT IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 15 DAY OF Juse, 2004.

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