

L04000073638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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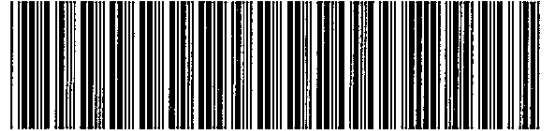
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 921744 113498A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 OCT 11 AM 8:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : October 11, 2004

ORDER TIME : 11:52 AM

ORDER NO. : 921744-005

CUSTOMER NO: 113498A

CUSTOMER: Mr. Thomas W. Fawell
The Agincourt Companies

Suite 715
11111 Biscayne Blvd.
Miami, FL 33181

DOMESTIC FILING

NAME: DT MANAGEMENT COMPANY, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Brenda Sharpless - EXT. 2918
EXAMINER'S INITIALS: _____

RX TIME 10/11/04 09:27

LOCATION:

FILED
04 OCT 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DT Management Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

11111 Biscayne Boulevard, Suite 715

Miami, Florida 33181

Mailing Address:

11111 Biscayne Boulevard, Suite 715

Miami, Florida 33181

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

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

Thomas W. Fawell

Name

11111 Biscayne Boulevard, Suite 715,

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

Miami

FLORIDA 33181

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.


Registered Agent's Signature

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

Thomas W. Fawell

11111 Biscayne Boulevard, Suite 715,

Miami, Florida 33181

MGR

David Hirschfeld

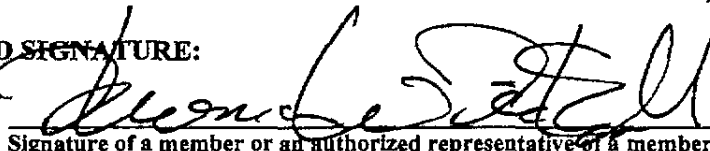
11111 Biscayne Boulevard, Suite 715,

Miami, Florida 33181

(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.)

Thomas W. Fawell

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)