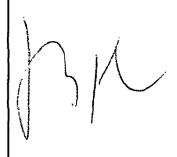
L 04000083355

(Re	equestor's Name)	*****
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200040109952







ACCOUNT NO. : 072100000032

REFERENCE: 977262

83930A

AUTHORIZATION:

COST LIMIT : \$ 155.00

ORDER DATE: November 17, 2004

ORDER TIME : 1:17 PM

ORDER NO. : 977262-005

CUSTOMER NO: 83930A

CUSTOMER: Ms. Linda Lacertosa

Frazier Hotte & Associates, Pa

Suite 826

2400 East Commercial Boulevard

Ft. Lauderdale, FL 33308

DOMESTIC FILING

NAME: DTRFA, LLC

EFFECTIVE DATE: NOVEMBER 16, 2004

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARIAN SOS

ARTICLE I NAME

The name of the limited Liability Company is DTRFA, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2400 East Commercial Boulevard, Suite 826, Fort Lauderdale, Florida 33308.

ARTICLE III MANAGEMENT

The Limited Liability Company is to be managed by one or more members and the name and address of the initial managing member is: Richard P. Love, Jr., 158 North Harbor City Boulevard, Melbourne, Florida 32935.

ARTICLE III EFFECTIVE DATE

The effective date of this Limited Liability Company is as of November 16, 2004.

REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

ROBERT W. FRAZIER, JR., ESQ. FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 East Commercial Boulevard, Suite 826 Fort Lauderdale, Florida 33308

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, F.S.

Resident Agent's Signature

Signature of a member or an authorized

representative of a member

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Robert W. Frazier, Ir., Esq., authorized representative
Typed or Printed name of signee

Q:\docs\irl\lic\dtrialic.ftm