

Division of Corporations

Page 1 of 1

L05000023556

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1105000058250 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
05 MAR -8 PM 3:52
DIVISION OF CORPORATIONS

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : 120010000215

Phone : (904) 777-1533

Fax Number : (904) 777-1717

LIMITED LIABILITY COMPANY

DMT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED
05 MAR -8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **DMT, LLC**

ARTICLE II. ADDRESS:

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

6300 Yukon Road
Jacksonville, FL 32244

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Doug Myers, MGR.
6300 Yukon Road
Jacksonville, FL 32244

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.


Doug Myers/ Registered Agent

3/8/05

Date

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:
MGR.

Name and Address:
Doug Myers
6300 Yukon Road
Jacksonville, FL 32244

FILED
05 MAR -8 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HYNDREASD 3

3/8/05

MGRM

Tony Bozzella
6300 Yukon Road
Jacksonville, FL 32244

MGRM

Michael Reed
6300 Yukon Road
Jacksonville, FL 32244

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be March 8, 2005.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 8 day of MAR, 2005.


Doug Myers, Member


Tony Bozzella, Member


Michael Reed, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

FILED
05 MAR -8 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HD5000058250 3