

LD5000041409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

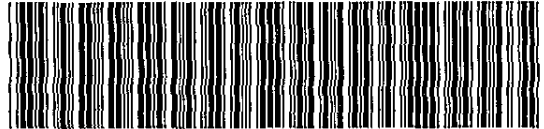
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05 APR 27 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 337344 7483966

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 125.00

FILED
05 APR 27 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 26, 2005

ORDER TIME : 8:38 AM

ORDER NO. : 337344-005

CUSTOMER NO: 7483966

CUSTOMER: David L. Jacquot, Esq.
David L. Jacquot, Esq.

2714 Hoffner Avenue

Orlando, FL 32812

DOMESTIC FILING

NAME: DMK PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DMK PROPERTIES, LLC**ARTICLE II - Address:**

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

Principal Office Address:5024 Saint Denis Court
Orlando, Florida 32812**Mailing Address:**5024 Saint Denis Court
Orlando, Florida 32812**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

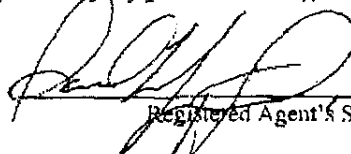
David L. Jacquot, Attorney At Law

Name

2714 Hoffner AvenueFlorida street address (P.O. Box **NOT** acceptable)Orlando, Florida 32812FL

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, F.S..


Esquire
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

RX TIME 04/26 05 15:55

LOCATION: KANE and KOLTON

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:

MGRM

DONNA DACATO

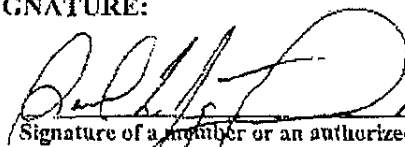
5024 Saint Denis Court

Orlando, Florida 32812

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

 Authorized Representative
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.)

David L. Jacquot, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)