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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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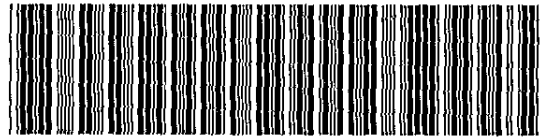
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DTNet Solutions LLC

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- ☐ LTD Partnership File
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- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

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**ARTICLES OF ORGANIZATION  
OF  
DTNET SOLUTIONS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act., F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be DTNET SOLUTIONS, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is:

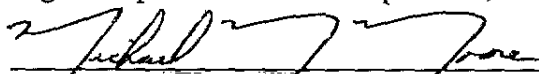
3507 Frontage Rd., Suite 150  
Tampa, FL 33607

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida is:

Michael M. Moore  
3507 Frontage Rd., Suite 150  
Tampa, FL 33607

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.

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the

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business and affairs of the company or become a member unless all of the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

#### ARTICLE V – MEMBERS' RIGHT TO CONTINUE BUSINESS

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by majority vote of all the remaining members.

#### ARTICLE VI – MANAGEMENT

The company shall be managed by one manager or more managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is:

Michael M. Moore  
3507 Frontage Rd., Suite 150  
Tampa, FL 33607

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has made and subscribed these articles of organization at Tampa, Florida, on the 23<sup>rd</sup> day of May, 2005.

Name: Michael M. Moore

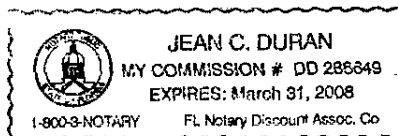
Sworn to and subscribed before me this 23<sup>rd</sup> day of May, 2005  
by \_\_\_\_\_

Jean C. Duran  
Notary Public – State of Florida  
Name:

Personally known ☒

OR

Produced Identification \_\_\_\_\_



Type of Identification Produced \_\_\_\_\_