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.

(((H05000138710 3)))

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

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : COURT ACCESS CENTERS OF AMERICA

Account Number: 075350000541 Phone

: (813)875-1333

Fax Number

: (813)875-2703

LIMITED LIABILITY COMPANY

DMS Venture, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Markinghia Phings Marks

COMPANIE THE

Public Access Viela

Audit # H05000138710 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

DMS Venture, LLC

The mailing address and street address of the Limited Liability Company are:

6455 Powers Ave. Jacksonville, FL 32217

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

JUN -3 AM IO: LI

MANASSEE, FLORIDA

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

BISMAN & RUSSO

003/004 Page 3 of s p.3

From: John Gurbs Tot Michael Greens

Date: 6/8/2005 Time: 10:45:10 AM

Audit # H05000138710

ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

6455 Powers Ave. Jacksonville, FL 32217

and the name of its registered agent at such address is:

Michael Greene

ARTICLE VI Management

This Limited Liability Company shall have Three Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Antonio J. Mahfoud, Manager 6455 Powers Ave. Jacksonville, FL 32217

> Steven Davis, Manager 6455 Powers Ave. Jacksonville, FL 32217

Michael Greene, Munager 5455 Powers Ave. Jucksonville, FL 32217

Dated: Friday, June 03, 2005

Michael Greene

05 JUN-3 AM 10: 41

JUN 03 2005 11:29AM HP LASERJET 3200

Q8/03/05 10:15 PAX 904 835 5828

BISMAN & RUSSO

₩ 004/004 Page 4 of 4 p. 4

From: John Gurba To: Michael Greens

- Date: 9/8/2005 Time: 10:45:10 AM

Audit # H05000138710

ACCEPTANCE BY REGISTERED AGENT

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.

Date: June 3, 2005

Michael Grosno

05 JUN -3 AM IO: 4 I

Audit # H05000138710