

L05000086119

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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WL 08/31/05

LIMITED LIABILITY COMPANY

dnd group, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

DND GROUP, LLC

ARTICLE II- Address:

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

Principal Office Address:

Mailing Address:

11020 PEMBROKE RD SUITE #154

11020 PEMBROKE RD SUITE #154

MIRAMAR, FL 33025

MIRAMAR, FL 33025

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

DEAN BRYAN

Name

11020 PEMBROKE RD SUITE #154

Florida street address (P.O. Box NOT acceptable)

MIRAMAR, FL 33025

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 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 provided for in chapter 608, F.S.

D. Bryan

Registered Agent's Signature

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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:MGRDEAN BRYAN11020 PEMBROKE RD SUITE # 154MIRAMAR, FL 33025MGRMDELROY NICELY11020 PEMBROKE RD SUITE # 154MIRAMAR, FL 33025MGRMNAZIR MADHANI11020 PEMBROKE RD SUITE # 154MIRAMAR, FL 33025

(Use attachment if necessary)

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


 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.)

DEAN BRYAN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA