

L05000 113069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

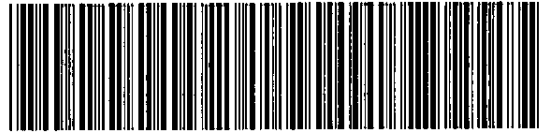
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/23/05--01020--025 \*\*160.00

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05 NOV 23 PM 1:20

05 NOV 23 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- DTH - Jax, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
DTH-Jax, L.L.C.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**ARTICLE I**

**NAME**

The name of the limited liability company shall be DTH-Jax, L.L.C. (the "Company").

**ARTICLE II**

**ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be 481 Carica Road, Naples, Florida 34108.

**ARTICLE III**

**REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows: THOMAS M. TAYLOR, 481 Carica Road, Naples, Florida 34108.

**ARTICLE IV**

**MANAGEMENT**

The Company will be managed by members in accordance with the Company's Operating Agreement.

**ARTICLE V**

**RESTRICTIONS ON MEMBERSHIP**

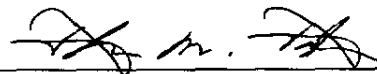
Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or other dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

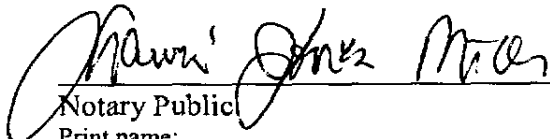
Executed by the undersigned member at Naples, Florida on the 18<sup>th</sup> day of November, 2005.

  
\_\_\_\_\_  
THOMAS M. TAYLOR

STATE OF Florida  
COUNTY OF Collier

This foregoing instrument was acknowledged before me this 18<sup>th</sup> day of November, 2005, by THOMAS M. TAYLOR, who (X) is personally known to me or who ( ) has produced \_\_\_\_\_ as identification.

(SEAL)

  
\_\_\_\_\_  
Notary Public  
Print name:  
My commission expires



**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND  
REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is DTH-Jax, L.L.C.

The name of the initial registered agent of the limited liability company is THOMAS M. TAYLOR, its agent to accept service of process within Florida with a registered office located at 481 Carica Road, Naples, Florida 34108.

By:   
THOMAS M. TAYLOR

Dated: November 18<sup>th</sup>, 2005

**REGISTERED AGENT ACCEPTANCE**

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, THOMAS M. TAYLOR hereby accepts the appointment as registered agent and agrees to act in that capacity. THOMAS M. TAYLOR further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and THOMAS M. TAYLOR is familiar with and accepts the obligations of its position as registered agent.

By:   
THOMAS M. TAYLOR

Dated: November 18<sup>th</sup>, 2005