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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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FFFECTIVE DATE 11/30/05

> OS DEC -7 PH 2: 4: SECREJANT OF STATE

COVER LETTER

| TO: Registration Sec Division of Cor | | | |
|---|---|--|--|
| SUBJECT: DP M | ARGATE, LLC | | |
| | | I Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are su | ibmitted for filing. | |
| Please return all correspo | ondence concerning this matte | r to the following: | |
| <u>IGNACIO</u> | O MORENO | | |
| | (1 | Name of Person) | |
| DON PA | | | · · · |
| | (| Firm/Company) | |
| 400 S D | IXIE HWY | <u> </u> | |
| | | (Address) | • |
| CORAL | GABLES, FL | | |
| | (City/ | 'State and Zip Code) | |
| For further information of | concerning this matter, please | call: | |
| IGNACIO MO | DRENO | at (305) 669 79 | 88 |
| (Name | of Person) | (Area Code & Daytime Te | lephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center | s · |

11/30/05

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|--|--|------------------------------------|
| DP MARGATE, LLC (Must end with the words "Limited Liability Company, "Limite | ed Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Con | npany is: |
| Principal Office Address: | Mailing Address: | |
| 5403 W ATLANTIC BLVD MARGATE FL 33063 | | · · |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.) The name and the Florida street address of the registration. | tered Agent. You must designate an individual or anothe | |
| IGNACIO MORENO Name 400 S. DIXIE HWY- | ASSEE, F | -7 PM |
| —————————————————————————————————————— | Iress (P.O. Box NOT acceptable) | ED PM 2: 47 |
| CORAL GABLES, FL 33146 City, State, a | | <u>-</u> |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis | his certificate, I hereby accept the appointmy. I further agree to comply with the provisi rformance of my duties, and I am familiar w | ient as ions of all vith and |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM FINOL, ANDRES GORRIN, ALVARO MGRM GORRIN, JUAN MGRM MGR MORENO, IGNACIO (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: NOV 30, 2005 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.)

ARTICLE IV- Manager(s) or Managing Member(s):

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)

Typed or printed name of signee