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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2006

ROB DE LA ESPRIELLA 4634 SW LONG BAY DRIVE PALM CITY, FL 34990

SUBJECT: DLE TOTAL QUALITY MANAGEMENT, LLC

Ref. Number: W06000008617

We have received your document for DLE TOTAL QUALITY MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 16, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 806A00012378

COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: DLE TO	otal Quality Managem	ent, LLC				
-	(Name of Limited	d Liability Co	mpany)			
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for fi	iling.			
Please return all corresp	ondence concerning this matte	r to the follow	/ing:			
Rob De La	Espriella					
	C	Name of Person)			
DLE Total	Quality Managemen	t, LLC				
	(Firm/Company)			
4634 SW	Long Bay Drive					
		(Address)				
Palm City,	FL 34990					Fr 3
	(City	/State and Zip C	lođe)			4
For further information	concerning this matter, please	call:			102	, J
Rob De La Espri	ella	at (772	223-879	9	, , , , , , , , , , , , , , , , , , ,	2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(Name	of Person)	(Area	Code & Daytime T	elephone Numb	er)	
Enclosed is a check for	or the following amount:				•	-
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	O Filing Fee & Copy opy is enclosed)	S160.00 Certificate Certified (additional c	of Statu Copy	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address stration Section tion of Corporation on Building Executive Center hasses FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
DLE Total Quality Management, LLC (Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
4634 SW Long Bay Drive	4634 SW Long Bay Drive				
Palm City, FL 34990	Palm City, FL 34990				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the Rob De La Espriella Name	stered Agent. You must designate an individual of another registered agent are:				
4634 SW Long Bay Drive	ું છે				
	dress (P.O. Box NOT acceptable)				
Palm City, FL 34990	FL				
City, State,	and Zip				
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete page 1.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S				

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Rob De La Espriella
	4634 SW Long Bay Drive
	Palm City, FL 34990

(Use attachment if necessary)	
(Ose attachment if necessary)	the date of filing: February 1, 2006 (OPTIONAL)
ARTICLE V: Effective date, if other than	
(If an effective date is listed, the date mus to or 90 days after the date of filing.)	st be specific and cannot be more than five business days prior
to or 50 days after the date of fining.)	ランド 第一
REQUIRED SIGNATURE:	Adelst _
Signature of a twee	mber or an authorized representative of a member.
	h section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Rob De La Espriella

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee