

W6000031105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

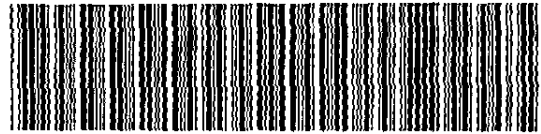
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FILED  
05 MAR 23 11 45 42  
05 MAR 23 11 9:40  
CIVIL SERVICE CENTER  
MONTGOMERY, ALABAMA

M. HODGES

**CORPDIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:      ED**

**DATE:           03/23/06**

**REF. #:         0937.49730**

**CORP. NAME:   DBM, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$ \_\_\_\_\_**

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
DBM, LLC  
A Florida Limited Liability Company**

FILED  
06 FEB 23 AM 9:40  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the limited liability company is **DBM, LLC** (the "Company").

**ARTICLE II - Principal Office**

The mailing address and street address of the principal office of the Company is **515 East Park Avenue, Tallahassee, Leon County, FL 32301.**

**ARTICLE III - Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE IV - Management**

The Company is to be managed by the member and the name and address of the initial manager is:

**BARBARA DWORK WEINER  
6679 Newport Lake Circle  
Boca Raton, FL 33496**

**ARTICLE V - Admission of Additional Members**

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

**ARTICLE VI - Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

  
\_\_\_\_\_  
**SALVADOR C. OROFINO, Authorized Representative**

**CERTIFICATE OF DESIGNATION**


**OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **DBM, LLC**.
2. The name and Florida street address of the limited liability company's registered agent is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, FL 32301.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

**CORPDIRECT AGENTS, INC.**

By:   
Print Name: Ed Lary  
Title: ASST Secretary