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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: DAI Management, LLC		
(Name of Lim	ited Liability Company)	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kathleen A. Cormier	·	
	(Name of Person)	
DAI Management, LLC		
	(Firm/Company)	
5481 West Waters Ave	nue, Suite 100	
	(Address)	
Tampa, FL 33634		
(0	Sity/State and Zip Code)	
For further information concerning this matter, plea	ise call:	
Kathleen A. Cormier	at (813) 882-4448	
(Name of Person)	at (813 882-4448 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status	& 🗹 \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DAI Management, LLC	
(Must end with the words "Limited Liability Company, "Limited	1 Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5481 West Waters Avenue	2000
Suite 100	same
Tampa, FL 33634	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
Kathleen A. Cormier	APR 2
Name	OF N
5481 West Waters Aver Florida street addi Tampa, FL 33634 City, State, as	ress (P.O. Box NOT acceptable)
	1

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 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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	Name and Address:
"MGRM" = Managing Member	
MGRM	David Adkins International, Inc.
	5481 W. Waters Avenue, Suite 200
	Tampa, FL 33634
MGRM	Conrad - Florida, LLC
	1014-B Ohio Avenue
	Palm Harbor, FL 34683
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	ne date of filing: (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 memi	per of an authorized representative of a member.
(In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
David Adkins	and the second s
	Typed or printed name of signee

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)