

LOG 000074452

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(Address)

(Address)

(City/State/Zip/Phone #)

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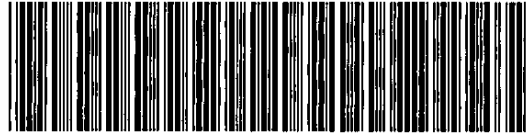
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSN Management LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Stephen Nash
(Name of Person)

(Firm/Company)

9401 Blind Pass Road, Unit #101
(Address)

St. Petersburg, FL 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Nash at 727, 501-5502
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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06 JUL 26 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DSN Management LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9401 Blind Pass Rd

Unit #101

St Pete Beach, FL 33706

Mailing Address:

9401 Blind Pass Rd

Unit #101

St Pete Beach, FL 33706

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Dennis Stephen Nash

Name

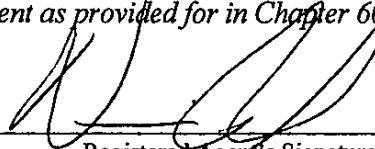
9401 Blind Pass Road, Unit #101

Florida street address (P.O. Box **NOT** acceptable)

St. Pete Beach, FLORIDA 33706

City, State, and Zip

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 the position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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JUL 26 AM 8:02
CLERK OF STATE
TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Dennis Stephen Nash
9401 Blind Pass Road, Unit #101
St Pete Beach, FL 33706

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Dennis Stephen Nash

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Unit #101

St Pete Beach, FL 33706

Mailing Address:

9401 Blind Pass Rd

Unit #101

St Pete Beach, FL 33701

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Dennis Stephen Nash

Name

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Florida street address (P.O. Box **NOT** acceptable)

St. Pete Beach, FLORIDA 33706

City, State, and Zip

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[Signature]
Registered Agent's Signature

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TALLAHASSEE FLORIDA

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Name and Address:


MGR

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