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(Requestor's Name)

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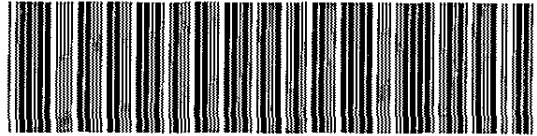(City/State/Zip/Phone #)

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(Business Entity Name)

_____
(Document Number)

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ORDER DATE : October 5, 2006

ORDER TIME : 3:26 PM

ORDER NO. : 506842-005

CUSTOMER NO: 8739A

DOMESTIC FILING

NAME: DMP, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
DMP, LLC

Article I - Name: The name of the Limited Liability Company is DMP, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 10382 Buena Ventura Drive, Boca Raton, Florida 33498.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Jonathan L. Shepard
5355 Town Center Road, Suite 801
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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.

_____
Jonathan L. Shepard

_____
Jonathan L. Shepard,
Authorized Representative

(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.)