

**607000101985**

Florida Department of State  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**DAC Associates, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	02
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

**607-101985**  
10/5/2007

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name**

The name of the Limited Liability Company is: **DAC Associates, L.L.C.**

**ARTICLE II - Address**

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

**Principal Office Address:**

**Mailing Address:**

2021 ART Museum Drive, Suite 120

2021 ART Museum Drive, Suite 120

Jacksonville, FL 32207

Jacksonville, FL 32207

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

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

**Bobby Holloway**

Name

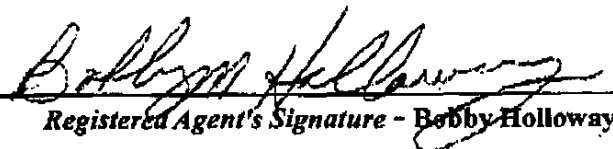
**2021 ART Museum Drive, Suite 120**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Jacksonville, FL 32207**

(City / State / 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 my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature - Bobby Holloway

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

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

**Title:**

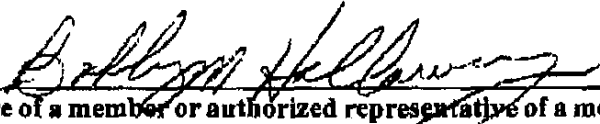
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMBobby Holloway - 2021 ART Museum Dr., Suite 120, Jacksonville, FL 32207MGRMJacque Holloway - PO Box 6088, Jacksonville, FL 32236

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 Signature of a member or 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.)

**Bobby Holloway**

Typed or printed name of signee

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