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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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EXAMINER



CORPORATE ACCESS, INC.

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SPECIAL INSTRUCTIONS:

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MITCHES OF CHOATMEATION FOR FE	OMDA MINITED LEADILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
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DI Potashnik, LLC	
(Must end with the words "Limited Liabil	hity Company, "L.L.C.," or "LLC.")
	SS. TEL
ARTICLE II - Address:	带。 主
The mailing address and street address of the pr	incipal office of the Limited Liability Companyis:
	OF TO
Principal Office Address:	Mailing Address:
	\mathcal{P}
4419 Highland Drive	4419 Highland Drive
Dallas, Texas 75205	Dallas, Texas 75205
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
Chamber with all active I to the Toglan activity	
The name and the Florida street address of the r	registered agent are:
Dyon Dindon / Book	on C. Dolloloff
Ryan Pinder / Beck	ег & Ропакот
Name	
3111 Stirling Road	
Florida street ado	iress (P.O. Box NOT acceptable)
Ft. Lauderdale, Flori	da_33312
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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..

City, State, and Zip

Registered Agent's Signature (REOUIRED)

(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	
MGR	Cheryl Potashnik
	4419 Highland Drive
	Dallas, Texas 75205
MGR	Brian Potashnik
	4419 Highland Drive
	Dallas, Texas 75205

(Use attachment if necessary)	
(Oso attachment it necessary)	
	on the date of filing: (OPTION
	ust be specific and cannot be more than five business d
days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	lfdan K
REQUIRED SIGNATURE:	nember or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Cheryl Potashnik

Typed or printed name of signee