

L 08000096006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

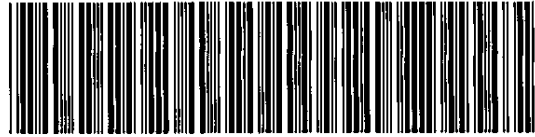
(Document Number)

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08 OCT 10 AM 10:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/9/08

FILED

08 OCT 10 AM 11:26

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 10 2008

EXAMINER

SQUIRE, SANDERS & DEMPSEY  
Requester's Name

215 S. MONROE ST. SUITE 601  
Address

FALLAHASSEE 32301 222.2300  
City/State/Zip Phone #

DATE 10/9/08

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

FILED  
OCT 10 AM 11:26  
FALLAHASSEE, FLORIDA

1. DB/DKP, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time WHEN READY     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

IF YOU HAVE ANY QUESTIONS  
PLEASE CONTACT ELIZABETH GLEATON  
AT 222.2300. THANK YOU.

Examiner's Initials

CR2B031(7/97)

*Call When Ready*

EFFECTIVE DATE 10/9/08

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DB/DKP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

Wachovia Financial Center, Suite 4000  
200 S. Biscayne Blvd. Miami, Florida 33131

Same

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

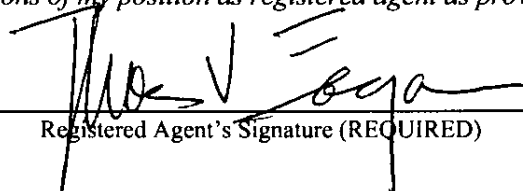
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Thomas V. Eagan  
Name

Wachovia Financial Center, Suite 4000  
Florida street address (P.O. Box **NOT** acceptable)  
200 S. Biscayne Blvd. Miami, Florida 33131  
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 my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

**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:**

MGR  
\_\_\_\_\_

Thomas V. Eagan

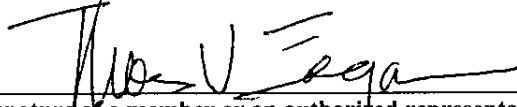
Wachovia Financial Center, Suite 4000

200 S. Biscayne Blvd. Miami, Florida 33131  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 9, 2008. (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 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.)

**Thomas V. Eagan**

\_\_\_\_\_  
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)**