

L 08000113988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

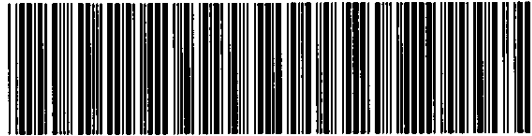
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



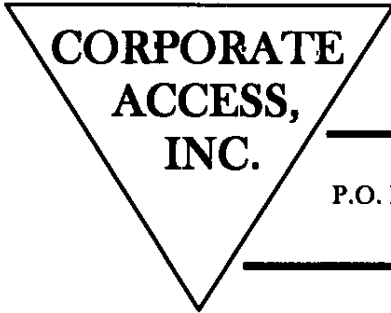
500138879275

12/15/08--01004--013 \*\*125.00

RECEIVED  
08 DEC 15 AM 11:18  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
DEC 15 2008  
EXAMINER

FILED  
08 DEC 15 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*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

## WALK IN

PICK UP:

12/16/08 E. Craft

FILED  
08 DEC 15 PM 2:55  
TALLAHASSEE, FLORIDA

- ☐ CERTIFIED COPY
- ☒ PHOTOCOPY
- ☐ CUS
- ☒ FILING

LLC

1. DGK, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

---

---

---

---

---

**ARTICLES OF ORGANIZATION  
OF  
DGK, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

**ARTICLE I: NAME**

The name of the Limited Liability Company is **DGK, LLC**.

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **1170 Kane Concourse, Bay Harbor Islands, Fifth Floor, Florida 33154.**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT'S SIGNATURE**

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

**Lawrence N. Rosen  
21170 N. E. 22<sup>nd</sup> Court  
North Miami Beach, Florida 33180**

*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

**ARTICLE IV: MANAGER(S) or MANAGING MEMBER(S):**

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

Title:

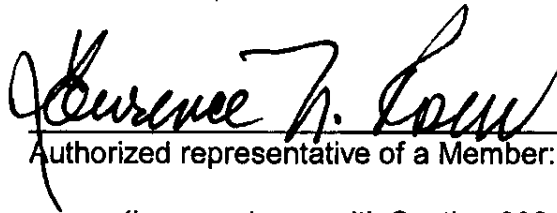
Name and Address:

**"MGR"=Manager**

**Jaime Gillinski**

**"MGRM"=Managing Member**

**REQUIRED SIGNATURE:**

A handwritten signature in black ink, appearing to read "Lawrence N. Rosen", is written over a horizontal line.

Authorized representative of a Member: **Lawrence N. Rosen**

*(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.)*