

L09000041406

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000099417 3)))



H090000994173ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

APR 30 2009

From:

Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561) 995-4704 4746
Fax Number : (561) 988-1211

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DML BROWARD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

09 APR 29 PM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Help

FILED

Electronic Filing Menu

Corporate Filing Menu

April 29, 2009

PROSKAUER ROSE LLP

SUBJECT: DML, LLC
REF: W09000020002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is F01000004278.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, call (850) 245-6967.

RECEIVED
09 APR 29 10 10 AM
TALLAHASSEE FLORIDA

09 APR 29 PM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

APR 29 2009 10:01 AM FR PROSKAUER ROSE 561 241 7145 TO 6041#35979001#18 P.04
830-617-6381 4/29/2009 9:01:12 AM PAGE 47002 FAX 501701

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H09000099417
Letter Number: 709A00014386

APR/28/2009/TUE 02:31 PM

FAX

((H09000099417 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DML BROWARD, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 2340 NE 35th Street, Lighthouse Point, Florida 33064.

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

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

Melanie Hecker
2340 NE 35th Street
Lighthouse Point, Florida 33064

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


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.)

Melanie Hecker
Typed or printed name of signee

FILED
09 APR 29 PM 10: 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

((H09000099417 3))