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FLORIDA/FOREIGN LIMITED LIABILITY CO.

D.A.B. Support Services LLC

Certificate of Status	0
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FAX AUDIT # 4090001767343

**ARTICLES OF ORGANIZATION
OF
D.A.B. Support Services LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **D.A.B. Support Services LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 945 Classic View Dr., Auburndale, Florida 33823.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Desiree A. Blake, 945 Classic View Dr., Auburndale, Florida 33823. Located in the County of Polk.

ARTICLE IV DURATION

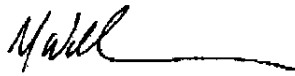
The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Desiree A. Blake, 945 Classic View Dr., Auburndale, Florida 33823

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Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Date: August 3, 2009

Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

FAX AUDIT # 4090001767343

FAX AUDIT # 4090001767343CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **D.A.B. Support Services LLC**

The name and address of the registered agent and office is Desiree A. Blake, 945 Classic View Dr., Auburndale, Florida 33823. Located in the County of Polk.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Desiree A. Blake
Desiree A. Blake

Date: 8/5/09

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