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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
DAPCHA HOLDING COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

M. THOMAS

DEC 29 2009

EXAMINER

12/28/2009

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAPCHA Holding Company, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**20401 N.W. 2nd AvenueSuite 201Miami, FL 33169**Mailing Address:**20401 N.W. 2nd AvenueSuite 201Miami, FL 33169**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Alysia Angela Powell

Name

20401 N.W. 2nd Avenue, Suite 201Florida street address (P.O. Box **NOT** acceptable)Miami, FL 33169

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.*

x Alysia Powell  
Registered Agent's Signature

(CONTINUED)

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**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:**

MGRM

Alysia Angela Powell

20401 N.W. 2nd Avenue, Suite 201

Miami, FL 33169

MGRM

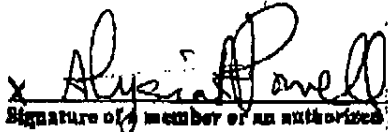
David Jonathan Powell

20401 N.W. 2nd Avenue, Suite 201

Miami, FL 33169

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 601.408(1), Florida Statutes, the execution of this document constitutes an affirmation, under the penalties of perjury that the facts stated herein are true.)

Alysia A. Powell

Typed or printed name of signer

**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)

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