Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305) 599-0839

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**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. DVS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

1/22/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED

LIABILITY COMPANY

OF

DVS SOLUTIONS, LLC

2010 JAN 22 AM II: 08
SECRETARY OF STATE
TALL AHASSEE, FLORID.

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

DVS SOLUTIONS, LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

1498 North Homestead Blvd Homestead, FL 33130

ARTICLE III - DURATION

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE:

THIS COMPANY SHALL EXIST PERPECTUALLY.

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBER(S) ST NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER(S) IS OR AS FOLLOWS:

Luz Erika Ruiz 1498 N. Homestcad Blvd Homestead, FL 33030

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS TO ADMIT ADDITIONAL MEMBERS AND THE TERMS AND CONDITIONS OF THE ADMISSIONS SHALL BE:

A NEW MEMBER MUST BE APPROVED BY ALL MEMBERS.

ARTICLE VI - EFFECTIVE DATE

THE EFFECTIVE DATE IS THE DATE OF FILING

MEMBER'S SIGNATURE:

Luz Erika Ruiz

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.50, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/RECISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

DVS SOLUTIONS,LLC

2. The name and address of the registered agent and office is:

Luz Erika Ruiz 1498 North Homestead Blyd Homestead, FL 33030

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.