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B. KOHR FEB 1 5 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				10 568
SUBJI	ECT:	DG C	range	Avenue, LL	c °
		Name of Limi	ted Liabi	ity Company	
The en	closed Articles of Organizati	ion and fee(s) are	submitte	d for filing.	
Please	return all correspondence co	ncerning this ma	tter to the	following:	
			Daniel Name of		
		Franklin S	treet Fi	nancial Partne	ers
			Firm/Co		
		5420 Bay		Drive, Suite 10	00
			Addi	ress	
				L 33609	······································
			-	d Zip Code	
•	E-mail ac	ddress: (to be used	york@1	sfp.com	ation)
For fur	ther information concerning	this matter, pleas	e call;		
	Daniel York		at (	727 )	518-4656 ne Telephone Number
	Name of Person		_ ,	Area Code & Daytir	ne Telephone Number
Enclos	ed is a check for the follo	wing amount:			
<b>7]\$</b> 125.	00 Filing Fee \$130.00 Certific	O Filing Fee & cate of Status	Cer	5.00 Filing Fee & tified Copy is enclosed	Certificate of Status &
	Division P.O. Box	ion Section of Corporations		Street/Courier At Registration Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM ARTICLE I - Name: The name of the Limited Liability Company is: DG Orange Avenue, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "I.I.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5420 Bay Center Drive 5420 Bay Center Drive Suite 100 Suite 100 Tampa, FL 33609 Tampa, FL 33609 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Daniel York Name

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.

5420 Bay Center Drive, Suite 100 Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

Tampa, FL 33609

Registered Agent's Signature (RBQUIRED)

Page 1 of 2 (CONTINUED)

Title:		Name and Address:
"MGR" = Manag	ger	
"MGRM" = Man		
MGRM		Daniel York
	<del></del>	5420 Bay Center Drive, Suite 100
		Tampa, FL 33609
MGRM		William McCall
		3525 Pledmont Rd, Bidg 5, Suite 200
		Atlanta, GA 30305
		•
	<del></del>	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)