

05/04/2010 TUE 13:40 FAX

Division of Corporations

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From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.  
Account Number : I20000000141  
Phone : (407) 841-1550  
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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: gombres@ameorl.com

FLORIDA LIMITED LIABILITY CO.  
DBP Ventures LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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EXAMINER

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## ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

### ARTICLE I – Name

The name of the Limited Liability Company is: **DBP VENTURES LLC**

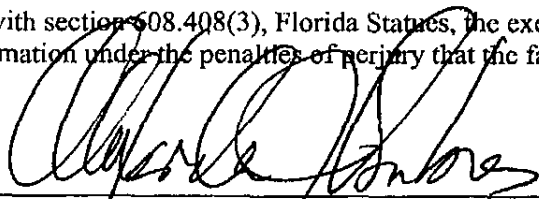
### ARTICLE II – Address

The mailing address for the Limited Liability Company is 6007B Negley, Kyle, TX 78640 and street address of the principal office of the Limited Liability Company is 605 E. Robinson Street, Suite 730, Orlando, FL 32801.

### ARTICLE III – Management

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the managers who are designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company. **Cody K. Day** whose address is 6007B Negley, Kyle, TX 78640 and **Brent W. Powell** whose address is 24611 Arrow Canyon, San Antonio, TX 78258 are designated as Co-Managers of the Company.

(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.)

  
\_\_\_\_\_  
Alexander J. Ombres – Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **DBP VENTURES LLC**
2. The name and the Florida street address of the registered agent are:

**AM&E Services LLC  
Attn.: Alexander J. Ombres  
605 East Robinson Street, Suite 730  
Orlando, Florida 32801**

*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.*

By: \_\_\_\_\_

**AM&E Services LLC**  
*Alexander J. Ombres*  
Alexander J. Ombres, Manager

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