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(Requestor's Name)	
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PICK-UP WAIT MAI	L
	
(Business Entity Name)	ddress) ddress) ity/State/Zip/Phone #) WAIT MAIL usiness Entity Name) ocument Number) Certificates of Status
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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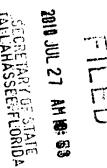
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07/29/10--01021--018 **5.00

07/16/10--01035--009 **150.00



C. LEWIS

JUL 28: 20:10

EXAMINER

COVER LETTER

TO:	Registration S	Section		•
•	Division of Co	prporations		
A .	Λ CT: D.R.P	ROJECT #1 LLC		
	***************************************	Name of Limit	ed Liability Company	
The enc	losed Articles o	of Organization and fee(s) are	submitted for filing.	
Please re	eturn all corresp	ondence concerning this mat	ter to the following:	
_	WILLIAM A	DLER		
_	•		Name of Person	
_	ADLER AS	SOCIATES		
_			Firm/Company	
	4211 S.W. (DAKHAVEN LANE		
			Address	
	PALM CITY	, FL 34990		
_		Cit	y/State and Zip Code	
_	ronhalby@y	/ahoo.com		
			or future annual report notification)	
For furth	ner information	concerning this matter, please	call:	
Ron I	Halby		at (229) 977 - 6834	4
		of Person	Area Code & Daytime Tele	
Enclose	rd is a check fo	or the following amount:		
		_	Delecon rillagra e	#1/0 00 Elling Fre
□ \$123.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D.R. PROJECT #1 LLC	
	Liability Company, "L.L.C.," or "LLC.")
A DOTECT TO YE A LABORRE	
ARTICLE II - Address: The mailing address and street address of i	he principal office of the Limited Liability Company is
The maining address and sireet address of	ne principal office of the Elimed Elaounty Company is
Principal Office Address:	Mailing Address:
4211 S.W. OAKHAVEN LANE	4211 S.W. OAKHAVEN LANE
PALM CITY, FL 34990	PALM CITY, FL 34990
(The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of WILLIAM WELLS A	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of WILLIAM WELLS A	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of WILLIAM WELLS A 4211 S.W. OAKHAN	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: DLER Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of WILLIAM WELLS A 4211 S.W. OAKHAN	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: DLER Name EN LANE

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

MGRM	ADLER ASSOCIATES LLC		
•	4211 S.W. OAKHAVEN LANE		
	PALM CITY, FL 34990		
MGR	EL MOLINO DEL LARGO INC.		
	31 SICKLES STREET, SUITE #3F		
	NEW YORK, NY 10040		
MGR	IMAGINATION DEVELOPMENT, LLO	C	
	8532 CHASE GLEN CIRCLE		
	FAIRFAX STA., VA 22039		
	Management of the control of the con		
			
Use attachment if necessary)			
T N. F.C. 4	de Jan effica	TIONAL	
	the date of filing: (OP' t be specific and cannot be more than five busin		_

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

(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.)

WILLIAM WELLS ADLER

Typed or printed name of signee

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)