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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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T. HAMPTON

AUG 9 0 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: DCprod	lucte		
SUBJECT: Doplot	Name of Limit	ed Liability Company	
	of Organization and fee(s) are	- -	
Please return all corresp	pondence concerning this mat	ter to the following:	
David J Cook	. Jr		
		Name of Person	
DCproducts			
		Firm/Company	
50 Georgia A	venue		
		Address	
Merritt Island	. FL 32953		
		y/State and Zip Code	
DCproducts@		•	
	E-mail address: (to be used	for future annual report notification)	<u></u>
For further information	concerning this matter, pleas	e call:	
David J Cook Jr		at (321)4464284	
	of Person	Area Code & Daytime Telep	hone Number
Declared in a shoot f	and Callerian amazza		
	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		JR FLORIDA LIVITED LIABILIT I CONFANT
ARTICLE I - Nar The name of the Li	ne: imited Liability Compa	any is:
DCproducts LLC		
(Mı	ust end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing address		the principal office of the Limited Liability Company is:
Principal Office A	Address:	Mailing Address:
50 Georgia Avenue		50 Georgia Avenue
Merritt Island, FL 32953		Merritt Island, FL 32953
The name and the l	Florida street address of David J Cook Jr	of the registered agent are:
	FO Canada Avanua	
50 Georgia Avenue		reet address (P.O. Box NOT acceptable)
	Merritt Island	
	Weimit Island	FL 32953
		City, State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F. So Signature (KEQUIRED)

(CONTINUED)
Page 1 of 2

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

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

5	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGR	David J Cook Jr	
		50 Georgia Avenue	
		Merritt Island, FL 32953	
	et		
	(Use attachment if necessary)		
(If an e	effective date is listed, the date must be sp	te of filing: (OPTION.	
to or 90	0 days after the date of filing.)		
	REQUIRED SIGNATURE:		

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.)

DAUID I COOK IC

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)

10 AUG 27 AM 11:02