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TALLAHASSEE FLORIDA

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T. CLINE

SEP 30 2010

EXAMINER

COVER LETTER

	ration S on of Co	Section orporations		
SUBJECT:	Dr	sen, LLC	ited Liability Company	
		Name of Limit	ited Liability Company	
The enclosed A	rticles o	of Organization and fee(s) are	e submitted for filing.	
Please return all	corres	ondence concerning this mat	atter to the following:	
	•	Michael	J. Day Name of Person	
		Dasen, L	LLC Firm/Company	
	/0	353 Roger	Firm/Company Handin Rol Address C 323// ity/State and Zip Code Amails COM for future annual report notification)	
	To	Malassee, Fl	C 323//	
_		Cit	ity/State and Zip Code	
<i>N</i>	licka	I. day, em a	amaily com	
For further infor	mation	concerning this matter, please	se call:	.
Michael	J. T	of Person	at (850) 212-889 7 Fine Area Code & Daytime Telephone Number Signature	
Enclosed is a c	heck fo	or the following amount:	FLORAGE	U
≸ \$125.00 Filing	g 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)	s &
		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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	3:
Must end with the words "Limited Liab	nility Company "L.L.C." or "LLC")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10353 Roger Hamlin Rd Tallahassele, Fr 32311	10353 Ruger Handin Pd Taleahassec, FC 32311
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres entity with an active Florida registration.)	istered Agent. You must designate an individual or another
The name and the Florida street address of the Michael J. Name	Day SEEF
	Hanlin Pld ddress (P.O. Box NOT acceptable) FL 323/1
City, S	State, and Zip

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

Title: "MGR" = Man: "MGRM" = M:	ager anaging Member	Name and Address:	
mer/	Μ	Michael J. Day 10353 Recyer Haulin Rd Tallahassic, FL 32311	
MERM		Kevin Watson 6747 Landover Circle Tallahassec, FL 32317-	
- * 		· · · · · · · · · · · · · · · · · · ·	
(Use attachmen		a data of filing:	DTION
CLE V: Effective	e date, if other than the isted, the date must be date of filing.)	e date of filing: (O be specific and cannot be more than five busi	
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I, Milal Day, will not revoke the dissolution of Dasen, LCC document rumber 60780009507/

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