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B. BOSTICK
MAR 1 6 2011
EXAMINER

COVER LETTER

TO: • Registration Division of	n Section Corporations		: *
÷	- O O	\	
SUBJECT: Dyna	aCem Consulting L	LC ed Liability Company	
	Name of Limit	ed Liaomiy Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
Dennis	Dusome		
Derinis	Dusome	Name of Person	
DynaCe	em Consulting LLC		
		Firm/Company	
900 Wir	ndward Way		
		Address	TAL SE
Weston, F	FL 33327		
		y/State and Zip Code	(A) = -
ddusome(@dynacem.net		jul-i
For further information	en concerning this matter, please	or future annual report notification)	TLORIE
Dennis Dusom	e	at (954) 804-9868	DA DA
	ne of Person	at (954) 804-9868 Area Code & Daytime Telep	hone Number
Enclosed is a check \$125.00 Filing Fee	for the following amount: \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy
	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 Ci Tallahassee, FL 32301	(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DynaCom Consulting LLC		
DynaCem Consulting LLC	Liability Company, "L.L.C.," or "LLC.")	
(Musi end with the words Enimed	Liability Company, L.L.C., or LLC.	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
900 Windward Way	PO Box 267575	
Weston, FL	Weston, FL	
33327	33326	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an entity Florida registration.)		
	Registered Agent. You must designate an individua	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an individual the registered agent are:	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 InCorp Services, In	Registered Agent. You must designate an individual the registered agent are:	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 InCorp Services, In	Registered Agent. You must designate an individual the registered agent are:	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 InCorp Services, In 17888 67th Co	Registered Agent. You must designate an individual the registered agent are:	SECRLIARY FALLAHASSE
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of InCorp Services, In 17888 67th Co	Registered Agent. You must designate an individual the registered agent are: Name Ourt North	SECRLIARY FALLAHASSE
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of InCorp Services, In 17888 67th Corp Florida street Loxahatchee	Registered Agent. You must designate an individual the registered agent are: No. Name Ourt North Let address (P.O. Box NOT acceptable)	or another SECRIFY ARTHURSSE

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Dennis Dusome 900 Windward Way Weston, FL 33327
	TALLIHAS EER ILORID
	the date of filing: 03/15/2011 . (OPTIONAL) st be specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dennis J. Dusome

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)