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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future Annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

drs capital holdings llc

Certificate of Status	0
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C. LEWIS

APR 13 2011

EXAMINER

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Corporate Filing Menu

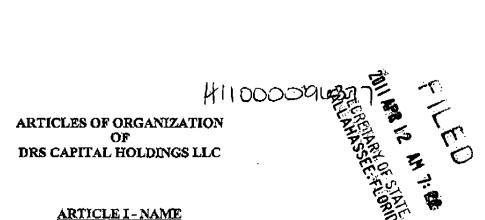
Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/12/2011

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ARTICLE I - NAME

The name of the Limited Liability Company is DRS CAPITAL HOLDINGS LLC (the "Company").

<u> ARTICLE II- ADDRESS</u>

The mailing address and street address of the principal office of the Company is: 5718 North Bay Road, Miami Beach, Florida 33140.

ARTICLE III- DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV- MANAGEMENT

The Company will be a manager-managed Company. The name and address of the Manager is:

Name

<u>Address</u>

DRS Management Inc.

5718 North Bay Road Miami Beach, Florida 33140

ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Company is April 12, 2011.

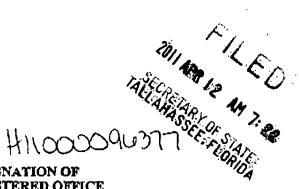
IN WITNESS WHEREOF, the undersigned representative of the Members has executed these

Articles of Organization this April 12, 2011.

Proparer:

Norman S. Weider, Esq. 200 S. Biscayne Boulevard, Sulta 700 Miami,FL 33131 Florida Bar No. 150388 Phone: 305-371-6338 Z:\DRSCapital\Articles.DRSCapital Holdings.doc

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: DRS CAPITAL HOLDINGS LLC.
- The name and address of the registered agent and office is:

Norman S. Weider, Esq. 200 S. Biscayne Boulevard Suite 700 Miami, FL 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent

DATE: 4/12/1

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