

L110000074162

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Certified Copies _____ Certificates of Status _____

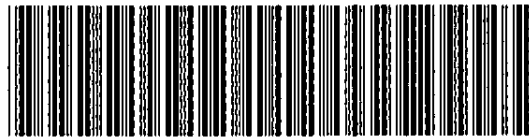
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JUN 27 2011

EXAMINER



700209366327

06/27/11--01013--017 **155.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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11 JUN 27 PM 12:31 11 JUN 27 PM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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DIVISION OF CORPORATIONS
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CONTACT: Kim Weidenbach

DATE: 06/27/11

REF. #: 000150.150408

CORP. NAME: DAS PHOBIA LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 540429 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
DAS PHOBIA LLC**

ARTICLE I - Name

The name of the limited liability company is Das Phobia LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is c/o Gladys Fontes, 5645 SW 84th Terrace, Miami, FL 33143.

ARTICLE III- Management


The Company shall be managed by its managers, as set forth in the company's Operating Agreement and is therefore a manager-managed Company. The initial managers are Rene Thorne and Gladys Fontes.

ARTICLE IV - Registered Agent and Office

The street address of the Company's initial registered agent and office is 5645 SW 84th Terrace Miami, FL 33143, and the name of its initial registered agent at such office is Gladys Fontes.

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.

Dated this 23rd day of June, 2011.




Noemi Romero
Authorized Representative

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DIVISION OF CORPORATIONS
11 JUN 27 PM 12:31

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for Das Phobia LLC, at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 23 day of June, 2011.



Gladys Fontes