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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 12 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

SUTHERLAND ASBILL & BRENNAN LLP
PETER J ANDERSON
999 PEACHTREE ST. NE
ATLANTA, GA 30309-3996

SUBJECT: GENESIS CONSULTING SERVICES, LLC
Ref. Number: W11000056899

We have received your document for GENESIS CONSULTING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P09000066699 "GENESIS CONSULTING SERVICES, CORP".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 111A00025357

SUTHERLAND

SUTHERLAND ASBILL & BRENNAN LLP
999 Peachtree Street, NE
Atlanta, GA 30309-3996
404.853.8000 Fax 404.853.8806
www.sutherland.com

PETER J. ANDERSON
DIRECT LINE: 404.853.8414
E-mail: peter.anderson@sutherland.com

November 3, 2011

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Genesis Consulting Services, LLC

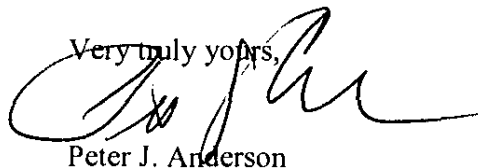
Gentlemen:

This office represents Genesis Consulting Services, LLC. Enclosed for filing on behalf of Genesis Consulting Services, LLC please find the following:

1. Articles of Organization for Florida Limited Liability Company
2. Operating Agreement of Genesis Consulting Services, LLC.
3. This firm's check no. 68715 for \$125.00 representing payment of filing fees and costs.

Thank you for your assistance. Please contact me with questions regarding the foregoing.

Very truly yours,



Peter J. Anderson

Enclosures
cc: Dennis S. Kaminski

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DTK Advisor Solutions LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10543 Longleaf Lane
Wellington, FL 33414

Mailing Address:

10543 Longleaf Lane
Wellington, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dennis S. Kaminski

Name

10543 Longleaf Lane

Florida street address (P.O. Box NOT acceptable)

Wellington FL 33414

City, 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.

X 1st ORIGINAL ATTACHED
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
12 JAN 10 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10543 Longleaf Lane
Wellington, FL 33414

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
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Wellington FL 33414

City, State, and Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dennis S. Kaminski

10543 Longleaf Lane

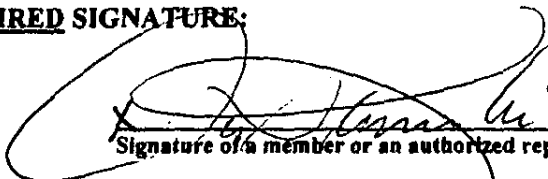
Wellington, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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. 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 S. Kaminski

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)