Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000262728 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: KOEPPEL LAW GROUP, P.A. Account Name

Account Number : I20070000064 : (561)659-6455 Fax Number ; (561)659-7006

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

Email Address:

FLORIDA LIMITED LIABILITY CO. FLORIDA DMA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing MMCLEODIclp

NOV - 5 2012

EXAMINER

11/2/2012

(((H12000262728 3)))

ARTICLES OF ORGANIZATION of FLORIDA DMA, LLC

No. 3258

The undersigned acting as the organizer of a limited liability company to be formed under the Florida Limited Liability Company Act, as amended (the "ACT"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles").

ARTICLE I - NAME

The name of the Limited Liability Company is: FLORIDA DMA, LLC.

ARTICLE II -ADDRESS

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

400 N. Flagler Drive, Unit 1405 West Palm Beach, FL 33401

or such other place or places as may be designated from time to time.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE and REGISTERED AGENT'S SIGNATURE

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

Joel P. Koeppel 400 S. Australian Avenue, #300 West Palm Beach, Florida 33401

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

ARTICLE IV - MANAGEMENT

The name and address of managing members/managers are:

Title: Managing Member
Dr. John Passarelli
400 N. Flagler Drive, Unit 1405
West Palm Beach, FL 33401

The undersigned has executed these Articles of Organization this _____ day of November, 2012.

Signature of member or authorized representative

(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.)

Joel P. Koeppel
Typed or printed name of signee

UNUSERS\Shery\Passarcli\Plorida DMA, LLC\LLC corp anicles wpd