

1/21/13

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

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SECRETARY OF STATE  
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FLORIDA LIMITED LIABILITY CO.  
DNZ Batim LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

J. SAULSBERRY  
EXAMINER

JAN 23 2013 1/2

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **DNZ Batlm LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

12123 Rockwell Way

12123 Rockwell Way

Boca Raton, FL 33428

Boca Raton, FL 33428

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

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

David Degani

Name

12123 Rockwell Way

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Boca Raton, FL 33428

(City / State / 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.

  
Registered Agent's Signature - David Degani

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TALLAHASSEE, FLORIDA

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

David Degani - 12123 Rockwell Way, Boca Raton, FL 33428

MGRM

Zilla Tayar - 109 Peragrine Drive, Voorhees, NJ 08043

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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.)

David Degani

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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