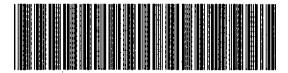
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N. Cuffigan OCT - 7 2013

(850) 245-6051.

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: DKA Direct, LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terry DeSutter
Name of Person
DKA Direct, LLC.
Firm/Company
5713 Corporate Way, Suite 100
Address
West Palm Beach, FL 33407
City/State and Zip Code tdesutter@dkahome.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry DeSutter 561 _ 640-9171
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
DKA Direct, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabil	ity Company is:	
Principal Office Address:	Mailing Address:		
5713 Corporate Way	5713 Corporate Way		
Suite 100	Suite 100		
West Palm Beach, FL 33407	West Palm Beach, FL 33407		
5713 Corporate Way, Su Florida str	Name	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	ity, State, and Zip		
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and coand accept the obligations of my position	nd to accept service of process for the abo ed in this certificate, I hereby accept the a capacity. I further agree to comply with t mplete performance of my duties, and I a	ppointment as the provisions of m familiar with	

(CONTINUED)

Page 1 of 2

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

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

MGRM	Terry DeSutter
· · · ·	5713 Corporate Way, Suite 100
	West Palm Beach, FL 33407

ARTIC (If an e 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.)

Terry DeSutter

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)