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ACCOUNT NO. : I2000000195 REFERENCE: 940745 6383A AUTHORIZATION : COST LIMIT : \$ PPD ORDER DATE: December 26, 2013 ORDER TIME : 10:06 AM ORDER NO. : 940745-005 CUSTOMER NO: 6383A DOMESTIC FILING DSMT 595, LLC NAME: EFFECTIVE DATE: ___ ARTICLES OF INCORPORATION __ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR DSMT 595, LLC, A FLORIDA LIMITED LIABILITY COMPANY

2013 DEC 26 AM 10: 49 SECRETARY OF STATE AN LANASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is DSMT 595, LLC.

ARTICLE II - Address

The mailing address of the principal office of the Limited Liability Company is P.O. Box 9229, Fort Myers, FL 33902, and the street address of the principal office of the Limited Liability Company is 716 SE El Dorado Parkway, Cape Coral, FL 33904.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be from the time the Articles of Organization are filed, until December 31, 2050, except as otherwise provided in Article VI.

ARTICLE IV - Management

The Limited Liability Company is to be managed by one (1) manager and the name and address of such manager who is to serve as manager until his successors are elected and qualified are:

Karen A. Skinner P.O. Box 9229 Fort Myers, FL 33902

ARTICLE V - Admission of Additional Members

The members may admit additional members upon the unanimous vote of all members, and payment towards capital of the sum required by said vote.

ARTICLE VI - Members Rights to Continue Business

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, if the remaining members agree by vote.

ARTICLE VII - Registered Agent

The name and street address of the initial registered agent is:

Karen A. Skinner 716 SE El Dorado Parkway Cape Coral, FL 33904.

IN WITNESS WHEREOF, I, the undersigned, being the member of the Limited Liability Company mentioned for the purpose of forming a Limited Liability Company under the laws of the State of Florida do make, subscribe, acknowledge and file the foregoing Articles of Organization, hereby certifying that the facts therein stated are true, and accordingly set my hand and seal at Fort Myers, Lee County, FL, this 24th day of December, 2013.

Daniel Squire McBride Trust created under Will of Gale Young McBride, Member

By:

Karen A. Skinner, Trustee

STATE OF FLORIDA)
COUNTY OF LEE)

BEFORE ME, the undersigned authority, personally appeared KAREN A. SKINNER, as Trustee of the Daniel Squire McBride Trust created under Will of Gale Young McBride, the Member, who is personally known to me and who did take an oath, deposes and says that she executed the foregoing Articles of Organization, voluntarily, for the purposes therein expressed.

WITNESS my hand and official seal this 24th day of December, 2013.

DEBRA L HARDWICK
MY COMMISSION # EE 827332
EXPIRES: September 19, 2016
Bonded Thru Notary Public Underwriters

Debra L. Hardwick
Notary Public - State of Florida

Commission No. EE827332

My Commission Expires: 9/19/16

ACCEPTANCE BY REGISTERED AGENT

In pursuance of Chapter 608.407(1)(c), Florida Statutes, the following is submitted, in compliance with said Act:

That DSMT 595, LLC, a Florida Limited Liability Company, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at Fort Myers, County of Lee, State of Florida, has named KAREN A. SKINNER, 716 SE El Dorado Parkway, Cape Coral, County of Lee, State of Florida, as its agent to accept service of process within this State.

ACCEPTANCE BY REGISTERED AGENT:

Having been named as Registered Agent to accept service of process for the above stated LLC, at the place designated in this certificate, I hereby accept to act in this capacity, acknowledge that I am familiar with the obligations of this position and agree to comply with the provisions of said Act relative to keeping open said office.

KAREN A. SKINNER

Registered Agent

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