

From:

Division of Corporations

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L14000022927

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
DB GAINESVILLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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1 March FEB 11 2014

From:

02/10/2014 12:25

#427 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DB GAINESVILLE, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

to DAVID E. BERMAN

415 L'AMBIANCE DRIVE, A-901

LONGBOAT KEY, FL 34228

to DAVID E. BERMAN

415 L'AMBIANCE DRIVE, A-901

LONGBOAT KEY, FL 34228

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:

DAVID E. BERMAN

Name

415 L'AMBIANCE DRIVE, A-901

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

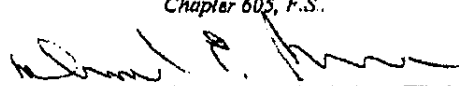
LONGBOAT KEY

City

FL 34228

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

From:

02/10/2014 12:25

#427 P.003/003

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

MGR

Name and Address:

DAVID E. BERMAN 2007 REVOCABLE LIVING TRUST

416 L'AMBIANCE DRIVE, A-901

LONGBOAT KEY, FL 34228

NANCY H. BERMAN 2007 REVOCABLE LIVING TRUST

416 L'AMBIANCE DRIVE, A-901

LONGBOAT KEY, FL 34228

ELIZABETH J. BERMAN RABIDOU

c/o DAVID E. BERMAN 416 L'AMBIANCE DRIVE, A-901

LONGBOAT KEY, FL 34228

DAVID E. BERMAN

416 L'AMBIANCE DRIVE, A-901

LONGBOAT KEY, FL 34228

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

DAVID E. BERMAN

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)

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TALLAHASSEE, FLORIDA