## 14000086533

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	MAY 2	9 2014
	A. LI	TAL

Office Use Only



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## COVER LETTER

<b>TO:</b>	Registration Division of C	Section Corporations			
SUBJE	ECT: <u>DSP In</u>	vestments LLC Name of Lir	nited Liability Company		
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.		
Please	return all corre	spondence concerning this m	atter to the following:		
	Donald E	E. Hinks	Name of Person		<del></del>
		<del></del>	Firm/Company		<del></del>
	2612 Saı	nta Barbara Blvd #1	Address		20
			Address	: - - - -	2014 EAY 16
	Cape Co	ral, FL 33914	City/State and Zip Code		T 1 775
	dhinks676@aol.com  E-mail address: (to be used for future annual report notification)				AM II: 22
For tur	ther information	n concerning this matter, plea	ase call:	નુ	ger No
<u>Donal</u>	d E. Hinks Nan	at ( )		cphone Number	
Enclose	ed is a check fo	r the following amount:			
☑ <b>\$</b> 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is 6	tus &
	Reg Divi P.O.	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DSP Investments 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 prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2612 Santa Barbara Blvd #1 Cape Coral, FL 33914	2612 Santa Barbara Blvd #1 Cape Coral, FL 33914	
ADTICLE His Dogistanad Agent Dogistanad	Office & Peristand Agent's Signature:	carring.
(The Limited Liability Company cannot serve as another business entity with an active Florida reg	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) egistered agent are:	
(The Limited Liability Company cannot serve as another business entity with an active Florida reg	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) gistered agent are:	ì
(The Limited Liability Company cannot serve as another business entity with an active Florida reg The name and the Florida street address of the re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) gistered agent are:	į
(The Limited Liability Company cannot serve as another business entity with an active Florida reg The name and the Florida street address of the re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) egistered agent are:	į
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) egistered agent are:	ţ
another business entity with an active Florida reg The name and the Florida street address of the re  Donald E. Hinks  2612 Santa Barbara B	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) gistered agent are:  Name  Name	ţ

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)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager MGR	Donold E. Hinks
WOR	Donald E. Hinks 2612 Santa Barbara Blvd, #1
	Cape Coral, FL 33914
AMBR	Sandeep Shaw
NIVIDIX	20 Elderwood Dr.
	St. Jmaes, NY 11780
AMBR	Piyush Kothary
	3036 Oliver Dr.
	San Jose, CA 95135
<del></del>	7.2
	357
	Charles Charles
V: Effective date, if other than the date o	of filing: <u>5/12/2014</u> . (OPTIONAL)
CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)	of filing: <u>5/12/2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to ör 9
ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to of s
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or s

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)