

L14000089503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

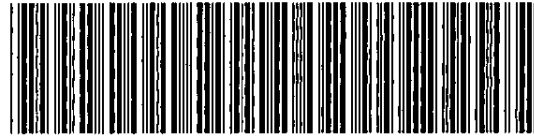
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUN -3 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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14 JUN -3 PM 1:46

DIVISION OF CORPORATIONS

JUN - 4 2013

T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

## FILING COVER SHEET

ACCT. #FCA-23

**CONTACT:** SAVANNAH DEBOER

**DATE:** 06/03/2014

**REF. #:** 6834736.9165353

**CORP. NAME:** DCRT I, LLC

☐ ARTICLES OF INCORPORATION    ☐ ARTICLES OF AMENDMENT    ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT    ☐ TRADEMARK/SERVICE MARK    ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION    ☐ LIMITED PARTNERSHIP    ☒ LIMITED LIABILITY

☐ REINSTATEMENT    ☐ MERGER    ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70021295 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

☒ CERTIFIED COPY  
☐ CERTIFICATE OF GOOD STANDING  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DCRT I, 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:

Dennis Lee Carson

Name of Person

The Dennis Carson Revocable Trust

Firm/Company

4555 N Bay Road

Address

Miami Beach, Florida 33140

City/State and Zip Code

Dennis.Carson@cbre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Lee Carson

Name of Person

at ( 305 )

Area Code

582-5732

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
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  
Chilton 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 Company is:

DCRT I, 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:

4555 N Bay Road  
Miami Beach, Florida 33140

4555 N Bay Road  
Miami Beach, Florida 33140

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:

Dennis Lee Carson

Name

4555 N Bay Road

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

Miami Beach

City

Fl. 33140

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)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**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

**Name and Address:**

The Dennis Carson Irrevocable Trust

4555 N Bay Road

Miami Beach, Florida 33140

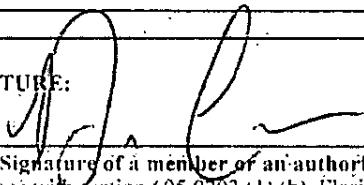
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 3, 2014 (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.)

Dennis Lee Carson

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)

2014 JUN -3 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED