(Re	equestor's Name)	
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# FLORIDA FILING & SEARCH SERVICES, INC.

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**DATE:** 10/21/15

NAME:

DCN INVESTMENTS, LLC

TYPE OF FILING: ARTICLES

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	CCT: DCN Investments, LLC
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Dan C. Newman
	Name of Person
•	Newman & Company, C.P.A.'s
	Firm/Company
	596 W. McMurray Rd.
	Address
•	
	McMurray, PA 15317  City/State and Zip Code
	dancnewman@outlook.com
	E-mail address: (to be used for future annual report notification)
# C 4	
nor runt	er information concerning this matter, please call:
	Dan C. Newman 81 724 745-0894
	Name of Person Area Code Daytime Telephone Number
Enclos	d is a check for the following amount:
\$125.0	O Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & X \$160.00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
	Tallahassec, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	- Name:	•
The name of	the Limited Liability	Company is

DCN 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

Mailing Address:

Cristelle Unit 11A 1700 South Ocean Blvd Lauderdale by the Sea, FL 33062 Cristelle Unit 11A 1700 South Ocean Blvd Lauderdale by the Sea, FL 33062

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:

Dan C. Newman

Name

1876 Mooringline Dr.

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

Vero Beach, FL 32963

City

State

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

"AMBK" = A	uthorized Member		
"MGR" = Ma AMBR	nager	Dan C. Newman	
Audit		1876 Mooringline Dr.	<del> · 4.4</del> 4
		Vero Beach, FL 32963	
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: