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4. 11/29/10

COVER LETTER TO: Registration Section **Division of Corporations** ISG consulting The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company Hollywood FL 33021
City/State and Zip Code)avid guz 09 @ gmail com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Mailing Address

Enclosed is a check for the following amount:

\$125.00 Filing Fee

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:				
DSG (Must end v	Consulting	g De Ed Liability Com	pany, "L.L.C.," or	C "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ldress of the principal	office of the Lir	nited Liability Cor	mpany is:	
Princips	ıl Office Address:		<u>M</u>	ailing Address:	
3807 Arth	TL 37021		Same as	principal	office
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Ag			al or
The name and the Florida street a					
	David	Gruma	an_		图: 海
		Name			NOV 28 I
	3807 Ac Florida street addre	thur St	ī.		12
	Florida street addre	ess (P.O. Box <u>N</u> o	OT acceptable)		ω,
	Hollywood City	FL	330	21	
	City	State	Zip	· · · · · ·	PH 12: 26
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr m familiar with and accept the ob	I hereby accept the ap ovisions of all statutes ligations of my position	pointment as reg relating to the p n as registered a	istered agent and roper and complete	agree to act in this e performance of n or in Chapter 605,	ompัซกy at the capacity. I ny duties, and

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Mo "MGR" = Manager	inder
AM BR	David Gurman
	3807 Arthur Street
	Holly wood FL 33021
AMBR	Stefanie 2. Costa
711 1012	3807 Arthur Street
	Hollywood FL 33024
AMBR	J
THE TOP	Madison S. Guzman 3807 Arthur Street
	Hollywood FL 33021
	Addition the state of the state
(Use attachment if necessa	\mathbf{v}
CLE V: Effective date, if othe effective date is listed, the date of filing.)	r than the date of filing: 12/1/10 (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 day
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ARTICLE IV-