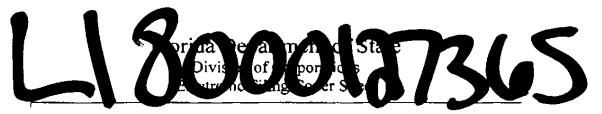
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AGEN'TS AND CORPORATIONS, INC

Account Number : I20010000112 : (302)575-0875 Phone

Fax Number

: (302)575-1642

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

Email	Address:			

FLORIDA LIMITED LIABILITY CO. DKUHOME LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:		. >.		
		一合計	륪	
DKUHOME LLC			X	•
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	AS		***
ANTINO		388 787	22	-
ARTICLE II - Address:				•
The mailing address and street address of the principal offi	ce of the Limited Liability Company is:	71	*	Π
Principal Office Address:	Mailing Address:	STATE CORIDA	ဏ္ဍ ယ	\subset
825 Peterkin Place	825 Peterkin Place	Ō,	~	
Brea, CA 92821	Brea, CA 92821			

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:

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

NAPLES	FL	34012
City		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 stantes 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..

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

Jeanette LaVecchia, Asst. Sec.

(CONTINUED)

Page Lof 2

	Name and A	idress:
= Authorized Member = Manager		
	BECKY KO	825 Peterkin Place, CA 92821
		
L		
chment if necessary)		
clive date, if other than the date of it is listed, the date must be specific	iling: and cannot be more	. (OPTIONAL) than five business days prior to or 90 days after
etive date, if other than the date of it is listed, the date must be specific er provisions, if any.	and cannot be more	(OPTIONAL) han five business days prior to or 90 days after
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Signature of a member of a mem	or an authorized resized (1) (b), Florida the penalties of perjution submitted in a case provided for in s.8	presentative of a member. Statutes, the execution of this document by that the facts stated herein are true. Society for the Department of State 17.155, F.S.)
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