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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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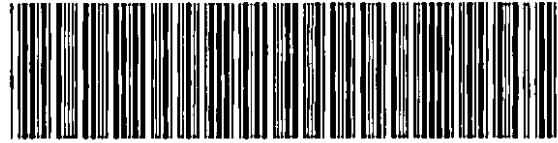
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

August 30, 2018

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **DAT Eastwood #5, LLC**

Dear Madam/Sir:

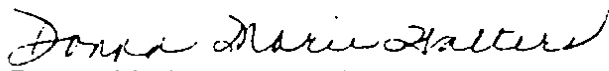
Enclosed are an original and one copy of the Articles of Organization for **DAT Eastwood #5, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input checked="" type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy enclosed)	Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw
Enclosures

**ARTICLES OF ORGANIZATION
OF
DAT EASTWOOD #5, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **DAT Eastwood #5, LLC.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

1714 Mahan Center Boulevard
Tallahassee, Florida 32308-5427

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**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Company are:

BRIAN SCHAPER
1714 Mahan Center Boulevard
Tallahassee, Florida 32308-5427

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Brian K. Schaper
BRIAN SCHAPER, Registered Agent

**ARTICLE 4.
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

BHAVIK SONI, MGR

1707 Riggins Road
Tallahassee, Florida 32308-5317

BRIAN K. SCHAPER, MGR

1714 Mahan Center Boulevard
Tallahassee, Florida 32308-5427

**ARTICLE 5.
Limitation on Agency Authority of Members**

No Member of the Company shall be an agent of the Company solely by virtue of being a Member.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 30th day of August, 2018.

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under 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 Section 817.155, F.S.

s/Brian K. Schaper

BRIAN K. SCHAPER

Authorized Representative of Member

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