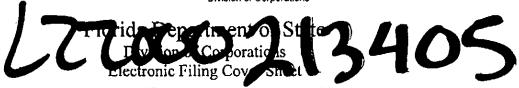
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Division of Corporations



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: (850)617-6381

From:

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Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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FLORIDA LIMITED LIABILITY CO. DCO Motors CG, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| DCO Motors CG, | LLC | | |
|--|--|--|--|
| | ontain the words "Limited L | iability Company, | "L.L.C.," or "LLC.") |
| RTICLE 11 - Address: he mailing address and stree | t address of the principal of | fice of the Limited | Liability Company is: |
| <u>Prin</u> | ipal Office Address: | | Mailing Address: |
| | | | |
| RTICLE III - Registered . The Limited Liability Comp nother business entity with | nn active Florida registration | Registered Ager Registered Agent. | N Rte 303, West Nyack, NY 10994 nt's Signature: You must designate an individual or |
| RTICLE III - Registered . The Limited Liability Comp nother business entity with | Agent, Registered Office, & any cannot serve as its own F an active Florida registration act address of the registered a Registered Agent Solu | Registered Ager Registered Agent. V agent arc: | nt's Signature: |
| RTICLE III - Registered . The Limited Liability Comp nother business entity with | Agent, Registered Office, & any cannot serve as its own Fin active Florida registration act address of the registered a Registered Agent Solu | Registered Agert. Your Registered Agent. You agent arc: | nt's Signature: |
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| RTICLE III - Registered A The Limited Liability Comp nother business entity with | Agent, Registered Office, & any cannot serve as its own Fin active Florida registration act address of the registered a Registered Agent Solu | Registered Ager Registered Agent. V agent arc: utions, Inc. Name | nt's Signature: You must designate an individual or |

he nd I

> Steven Weiss, Assistant Secretary Registered Agont's Signature (REQUIRED)

> > (CONTINUED)

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ARTICLE IV-

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Men | ber |
| "MGR" = Manager | |
| AMBR | Dennis & Co Holdings LLC |
| | 250 N Rte 303 |
| | West Nyack, NY 10994 |
| AMBR . | Frank Pena |
| | 456 Turneur Ave |
| | Bronx, NY 10473 |
| | |
| | |
| | |
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| | |
| (Use attachment if necessary |) |
| LE V: Effective date, if other t | han the date of filing: (OPTIONAL) |
| LE V: Effective date, if other t | |
| LE V: Effective date, if other t fective date is listed, the date of filing.) | han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days |
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