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(R	equestor's Name)		
(A	ddress)		
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(C	ity/State/Zip/Phone #)		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	ĸ.	Ľ	CI	EF.	 Name	

The name of the Limited Liability Company is:

CARGMARK DSA ILC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

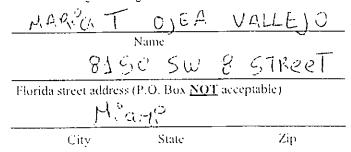
The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:	<u>Mailing Address</u> :
3902 E 6 AVE	5600 NW 77AVP
170, LOW 330121-L	(2 (0 (c) 12 12 12)
	MPan 23166

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:



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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	a : 1
Mr. M	No alas Suavedra MARIN
	3702 E GAVE 49211 ea
	33013 FL
	3 5 01 1 12
(Use attachment if necessary)	
	of filing: (OPTIONAL)
If an effective date is listed, the date must be sp he date of filing.) <u>Note:</u> If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Department	of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Wand had
Signature of a m	ember or in authorized representative of a member.
	ited in accordance with section 605.0203 (1) (b). Florida Statutes. The information submitted in a document to the Department of State
constitutes a third degre	re felony as provided for m s.817.155, F.S.
	NPOOKES SHOWERED MARIN
	Typed or printed name of signee
	Estima Como
\$125.00 Filing Fee for Articles of O	<u>Filing Fees:</u> rganization and Designation of Registered Agent
——————————————————————————————————————	

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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