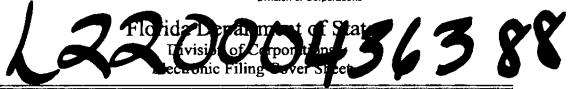
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Division of Corporations



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(((H22000349195 3)))



H220003491953ABC2

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Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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FLORIDA LIMITED LIABILITY CO. DBL FLORIDA HOLDINGS, LLC

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COVER LETTER

	ew Filing Sec lvision of Co								
SUBJECT	DBL Flori	da Holdings, LLC							
SUBJECT	•	Name	of Limited	Liability C	ompany				
The enclos	ed Articles of	Organization and fo	ec(s) are sub	cuitted for	filing.				
Please retu	m all correspo	ondence concerning	this matter t	to the follo	wing:				
	Michael W.	Adams							
			N:	ame of Pen	on				
	Nance & Sir	npson, LLP							
		 	F	rm/Compa	пу				
	2603 Augus	ta, Suite 1000							
	-			Address					
	Houston, Te	xas 77057							
			City/S	tate and Zi	Code				
	<u>_</u> _	ncesimpson.com							
		E-mail address: (to b			n tebou nomica	ion)	TAT	22	
For further in	nformation co	ncerning this matter	, picase call	:			SECRE	100 T	\neg
	Michael W.	Adams	713 at (52	20-9100		HAS	<u> </u>	
	Nam	e of Person	Area C	Code I	aytime Telephor	o Number		- PH	[T]
Enclosed is	a check for t	he following amount	t:					7:3	
□\$125.00	Filing Fec	\$130.00 Filing Certificate of Sta	lus	Certified C	Filing Fee & opy py is enclosed)	Certificate Certified C	Filing Fee, Filing of Status & Copy opy is enclosed)	پن	
		g Address			et Address Filing Section D	ivision			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303
Tallahassee, FL 32303

H22000349195 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
DBL Florida Holding	s, LLC in the words "Limited	Liability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad			·
Principa	Office Address:		Mailing Address:
81 Aspen Meadow Dr	ive	P. O. B	ox 6066
Edwards, Colorado 8	1632	Miram	ar Beach, FL 32550
another business entity with an ac	cannot serve as its own tive Florida registration	Registered Agent. Yo on.)	s Signature: u must designate an individual or
The name and the Florida street a	ddress of the registered	i agent are:	
	Capitol Corporate Sc	rvices, Inc.	
		Name	
	515 East Park Avons	e, 2nd Floor	
	Florida street addres	s (P.O. Box NOT acce	ptable)
	Tallahassee	Florida	32301
	City	Stato	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 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..

Taylor Seay, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRITARY OF THE

H22000349195 3

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	David B. LeCroy
WOR	P. O. Box 6066
	Miramar Beach, Florida 32550
,	
(Use attachment if necessary) EV: Effective date, if other than the dat	te of filing: (OPTIONAL)
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	specific 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
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