

Document Number Only

L9700000716

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

200002229062--9

-07/02/97--01065--005

****285.00 ****285.00

DS Partners LLC

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Limited Liability Company | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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7/1/97

COX SAID ACCEPT
AFFIDAVIT AS IS 7/1/97

CR2E031 (1-89)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE 1 - Name

The name of the Limited Liability Company is: DS Partners LLC

ARTICLE II - Address

The mailing address and, if different, the street address of the principal office of the Limited Liability is/are: 240 Crandon Boulevard, Suite 200, Key Biscayne, Florida 33149

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: perpetual

ARTICLE IV - Management

The Limited Liability Company is to be managed by two managers and the names and addresses of such managers is:

- | | |
|-------------------------------|-----------------------------|
| 1. Michael Sheehan | 2. Kim Barkan |
| c/o Debt Advisory | 240 Crandon Boulevard |
| International Inc. | Suite 200 |
| 1101 Connecticut Avenue, N.W. | Key Biscayne, Florida 33149 |
| 7th Floor | |
| Washington, D.C. 20036 | |

ARTICLE VI - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is;

c/o CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

June 26, 1997
Date

Kim A. Barkan
By: Kim Barkan
Managing Member of DS
Partners LLC

FILED
97 JUL -1 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF LIMITED
LIABILITY COMPANY**

The undersigned member or authorized representative of a member of DS Partners LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is **\$1,000.**
- 3) if any, the agreed value of property other than cash contributed by member(s) is **\$0.**
- 4) the total amount of cash or property anticipated to be contributed by member(s) is **INDEFINITE.** This total includes amounts from 2 and 3 above.



By: Kim Barkan
Managing Member of DS
Partners LLC

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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 and 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

By Connie Bryan
CONNIE BRYAN
~~SPECIAL ASSISTANT SECRETARY~~
 Type name of officer

Date 7-1-97

Title of officer

97 JUL -1 PM 2:55