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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DTDCM, LLC (Name of Limited L	iability Company)		
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submitt liability company to transact business in Florida	Company for Authorization to Transact Business in red to register the above referenced foreign limited		
Please return all correspondence concerning this matter to the following:			
DAVID MCCARTHY (Name of	Person)		
MATINA ROSMI LLC (Firm/Company)			
Box 169 HANOVER MA	91SACHUSE 775 02339 ress)		
HANOVER MASSACHUSCHS 02339 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Person) at	(78/) 534-2499 (Area Code & Daytime Telephone Number)		
Division of Corporations P.O. Box 6327 Clin Tallahassee, FL 32314 266	REET ADDRESS: rision of Corporations fton Building 11 Executive Center Circle lahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$\$130.00 \text{ Filing Fee & } \sum_\$ Certificate of Status	\$155.00 Filing Fee & \$\Bigsim \bigsim		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<i>EKG</i> V
TINCM 11C	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	ritten y
2. MASSACHUSETTS (Jurisdiction under the law of which foreign limited liability company is organized) (See FEI number, if applicable)	
4. 7th khay 2007 (Date of Organization) 5. Ouration: Year limited liability company will cease to exist or "perpetual")	
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	
2507 Andros (Street Address of Principal Office)	16
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
DAVID MCCORNY 28 vellingrow IN DUXBURY MUSS 03	'3 ₂
* Davin McCarry 5507 ADros (N	
Fr Londrolphe FL 33316	•
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	dsin
11. Nature of business or purposes to be conducted or promoted in Florida: Rofting Istalla rice	38.71
almalo 5	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	TOPPORATE
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	NAST TAT S
Typed or printed name of signee	SKS E

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
DIDCM, LLC		_
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		-
Michael A. Lorusso		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Fort Lander Culfi 333/6 City/State/Zip		
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida State	nt as registe statutes accept the	ered
(Signature)	07 OCT	SECRETA DIVISION OF
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	15 AH	YRY OF

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

September 20, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

DTDCM, LLC

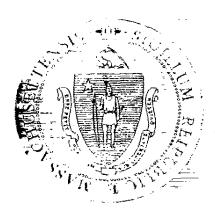
in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 30, 2007.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: DAVID MCCARTHY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DAVID MCCARTHY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID MCCARTHY**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth