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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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07/21/08--01014--006 **125.00

07/21/08--01014--005 **5.00

SECRETARY OF STATE

T. HAMPTON

JUL 3 1 2008

EXAMINER

COVER LETTER

| TO: Registration SectionDivision of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: DGI, LLC | | | | | | |
| (Name of Li | mited Liability Company) | | | | | |
| | iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited. | | | | | |
| Please return all correspondence concerning this | matter to the following: | | | | | |
| Dwight Gordon | Jame of Person) | | | | | |
| 1) | Name of Person) | | | | | |
| N/A | | | | | | |
| (F | Firm/Company) | | | | | |
| 2.0.0 | Marine Committee Com | | | | | |
| P.O. Box 614294 | (Address) | | | | | |
| | (Address) | | | | | |
| Miami FL | | | | | | |
| (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, p | lease call: | | | | | |
| Dwight Gordon (Name of Person) | at (786) 378 - 2434 (Area Code & Daytime Telephone Number) | | | | | |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{125.00} \text{Filing Fee} & \Boxed{130.00} \text{Filing Fee} & \text{Certificate} & \t | | | | | | |



RECEIVED

08 JUL 30 AM II: 01

SECHETARE OF STATE TALLAHASSEE, FLORIDA

July 22, 2008

DWIGHT GORDON P O BOX 614294 MIAMI, FL 33261

SUBJECT: DGI, LLC

Ref. Number: W08000034479

We have received your document for DGI, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is F92000000724 (DGI, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 108A00042522

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| | 061 | -, LLC. | nited Liability Compar | | |
|--|---------------------------------|------------------|--|--------------------|-------------|
| | | (Name of Lin | nited Liability Compar | ıy) | |
| a limited liabil | ity company | duly organize | d and existing u | nder the laws | of |
| Dela | ware. | | | | |
| (5 | State or Country of | of Organization) | ' | | |
| Because the na | me of this fo | oreign limited | liability company | y does not sat | isfy the |
| requirements o | f the s. 608.4 | 106, F.S., the | imited liability c | ompany here | by adopts t |
| following nam | e to transact l | business in th | e state of Florida | · : | |
| NGT | ACQUI | ESTTION | S. I.LC | | |
| (Name to be used b Company, L.L.C., c | y limited liability or LLC.) | company in Flori | S, LLC da. NOTE: Name mus | st end with Limite | d Liability |
| Date: | Tula 29/0 | 08 | | | |
| | | | | | |
| Signature(s) of | 'Manager(s) | and/or Manag | ging Member(s): | | |
| | w/ | | ************************************** | | |
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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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|---|
| 1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| |
| DGI ACQUISITIONS, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 208 917 805 (FEI number, if applicable) |
| 4. 04/25/07 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. NONE |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 2411 NW 70th Terr PO BOY 614294 ES & |
| Migmi FL 33147 Migmi FL 33147 Migmi FL 33AU SS 3 |
| 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: |
| Dwight Gordon |
| 2911 NW 70th Terr |
| Miami FL 33147 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: |
| and all Lawful purposes. |
| Signature of a member or an authorized representative of a member. |
| 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.) |
| Dwight Gooden |

Typed or printed name of signee

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 Compa | any is: | | |
|--|---|--|--|
| DGI, LLC | | | |
| If name unavailable, the alternate name to be | e used in the state o | of Florida is: | |
| DGI ACQUISITI | tons, LLC | | |
| 2. The name and the Florida street address of | | | |
| Dwight Gord | dn (Name) | | |
| 211 NW 7 Florida Street Addr | | | |
| Florida Street Addr | ress (P.O. Box <u>NOT</u> A | CCEPTABLE) | |
| Miami | FL City/State/Zip | 33147 | _ |
| Having been named as registered agent and to liability company at the place designated in th agent and agree to act in this capacity. I furth relating to the proper and complete performar obligations of my position as registered agent | nis certificate, I here her agree to comply nce of my duties, and | by accept the appoi with the provisions d I am familiar with | intment as registerea of all statutes 1 and accept the |
| (Signature) | | | 08 , SECF |
| \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Designation of R | legistered Agent optional) | FILED JUL 30 AM IO: 3 RETARY OF STATE ANASSEE, FLORID |

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DGI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2008.

4340795 8300

080618419

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6642681

DATE: 06-06-08

You may verify this certificate online at corp.delaware.gov/authver.shtml