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(Requestor's Name)

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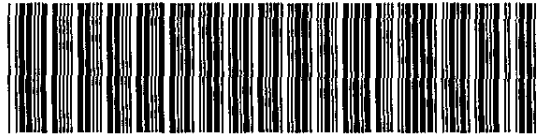
(Business Entity Name)

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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*DMS Investment Group, LLC*

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- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: WLC Date 12/16 Time 12:00  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
DMS INVESTMENT GROUP, L.L.C.  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies:

**ARTICLE I  
NAME OF LIMITED LIABILITY COMPANY**

The name of this limited liability company is DMS INVESTMENT GROUP, L.L.C.

**ARTICLE II  
MAILING ADDRESS AND STREET ADDRESS**

The mailing address of the company is:

Post Office Box 610  
Sarasota, FL 34230

The street address of the company is:

5429 Avenida Del Mar  
Sarasota, FL 34242

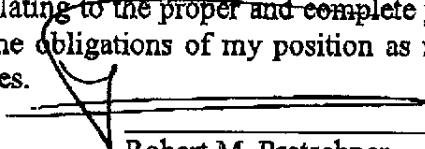
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**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE,  
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent is as follows:

Name: Robert M. Pretschner  
Address: Hodges, Avrutis, Pretschner & Foeller, P.A.  
1800 Second Street, Suite 803  
Sarasota, FL 34236

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 608, Florida Statutes.

  
\_\_\_\_\_  
Robert M. Pretschner  
Registered Agent

**ARTICLE IV  
MANAGEMENT OF COMPANY**

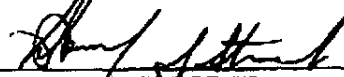
The Limited Liability Company is a member-managed company.

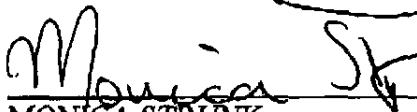
**ARTICLE V  
EFFECTIVE DATE**

The effective date of this Limited Liability Company shall be upon the filing of these Articles of Organization.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MEMBERS:

  
\_\_\_\_\_  
DAVID J. STRUNK

  
\_\_\_\_\_  
MONICA STRUNK