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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)777-2094

LIMITED LIABILITY COMPANY

WAIORA, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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ARTICLES OF ORGANIZATION

FOR

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WAIORA, LLC

**ARTICLE I
NAME**

The name of the limited liability company is Waiora, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is 2401 SW Manor Hill Drive, Palm City, Florida 34990.

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

The name and Florida street address of the limited liability company's initial registered agent are:

Stanley J. Cherelstein
2401 SW Manor Hill Drive
Palm City, Florida 34990

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 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 608.415(2), F.S.

Stanley J. Cherelstein
Registered Agent's Signature

**ARTICLE IV
MANAGEMENT**

The limited liability company is a manager-managed company. The initial managers of the limited liability company are Stanley J. Cherelstein, 2401 SW Manor Hill Drive, Palm City, Florida 34990 and Edward Stone, 101 Bronzewood Court, Cary, North Carolina 27511.

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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 as of this 15 day of March, 2004.

By: Stanley J. Cherelstein
Stanley J. Cherelstein

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