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561 368 4668 TO 1050922-003

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From:
Account Name : BUTZEL LONG
Account Number : 105147001567
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LIMITED LIABILITY COMPANY

Main Line Investments Group, L.C.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION**OF****MAIN LINE INVESTMENTS GROUP, L.C.**

The undersigned acting as organizer of MAIN LINE INVESTMENTS GROUP, L.C., under the Florida Limited Liability Company Act, adopt the following Articles of Organization for said limited liability company.

ARTICLE I
NAME

The name of the limited liability company shall be MAIN LINE INVESTMENTS GROUP, L.C. (the "LLC").

ARTICLE II
BUSINESS ADDRESS AND REGISTERED AGENT

The street address of the place of business and the mailing address in this State of the LLC shall be 19480 Sawgrass Drive, Unit 1701, Boca Raton, FL 33434 and the registered agent shall be Seymour Shlomchik, M.D., 19480 Sawgrass Drive, Unit 1701, Boca Raton, FL 33434.

ARTICLE III
MANAGEMENT

The LLC is to be managed by a Mangers. The name and addresse of the initial Co-Managers of the LLC are:

Seymour Shlomchik, M.D.
19480 Sawgrass Drive
Unit 1701
Boca Raton, FL 33434

Mark Shlomchik, M.D.
27 Fox Den Way
Woodbridge, CT 06525

Warren Shlomchik, M.D.
50 Harbor View Place
Stratford, CT 05615

Prepared By:
Philip H. Forbes
BUTZEL LONG, P.C.
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IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 6th day of September, 2000.


SEYMOUR SHLOMCHIK, M.D.
Organizer

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS
WHOM PROCESS MAY BE SERVED**

In compliance with Section 608.415 and 608.507, Florida Statutes, the following is submitted:

That MAIN LINE INVESTMENTS GROUP, L.C., desiring to organize under the laws of the State of Florida, with its principal place of business at 19480 Sawgrass Drive, Unit 1701, Boca Raton, FL 33434 has named Seymour Shlomchik, 19480 Sawgrass Drive, Unit 1701, Boca Raton, FL 33434 as its agent to accept service of process within Florida.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING THE AGENT UPON of my duties.


SEYMOUR SHLOMCHIK, M.D.

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