

L02000030615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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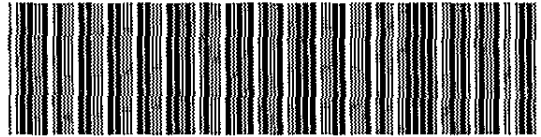
(Business Entity Name)

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11/12/02

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ACCOUNT NO. : 072100000032

REFERENCE : 820245 83930A

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pignatelli

ORDER DATE : November 14, 2002

ORDER TIME : 11:27 AM

ORDER NO. : 820245-005

CUSTOMER NO: 83930A

CUSTOMER: Ms. Linda Lacertosa
Frazier Hotte & Associates, Pa

Suite 826
2400 East Commercial Boulevard
Ft. Lauderdale, FL 33308

DOMESTIC FILING

NAME: SNL-LHIP, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the limited Liability Company is SNL-LHIP, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 620 College Avenue, Haverhill, Pennsylvania 19041.

**ARTICLE III
MANAGEMENT**

The Limited Liability Company is to be managed by one member and the name and address of the initial managing member is: Lock Haven Industrial Park Business Trust, a Pennsylvania business trust, 620 College Avenue, Haverhill, Pennsylvania 19041.

**ARTICLE III
EFFECTIVE DATE**

The effective date of this Limited Liability Company is as of November 12, 2002.

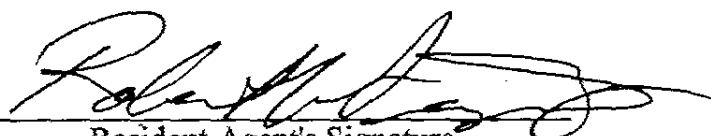
**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

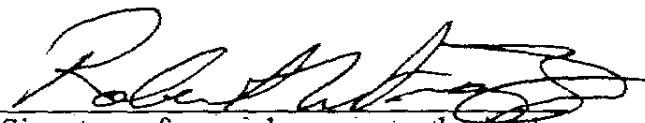
The name and the Florida street address of the registered agent are:

ROBERT W. FRAZIER, JR., ESQ.
FRAZIER, HOTTE & ASSOCIATES, P.A.
2400 East Commercial Boulevard, Suite 826
Fort Lauderdale, Florida 33308

*HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, 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, F.S.


Resident Agent's Signature


Signature of a member or an authorized representative of a member

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

Robert W. Frazier, Jr., Esq., authorized representative
Typed or Printed name of signee

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