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Florida Department of State
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To:

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

From:

Account Name : UPCNURCH, BAILEY & UPCHURCH, P.A.
Account Number : 075350000207
Phone : (904) 829-9066
Fax Number : (904) 825-4862

LIMITED LIABILITY COMPANY

Need RNS, L.L.C.

Certificate of Status	1
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Page Count	05
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
NEED RNS, L.L.C.**

The undersigned adopts the following Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I
Name**

The name of the limited liability company (the "Company") is Need RNS,
L.L.C.

**ARTICLE II
Duration**

The Company shall have perpetual existence.

**ARTICLE III
Mailing and Street Address of Principal Office**

The mailing and street address of the Company's principal office is 5785
County Road 2095, Green Cove Springs, Florida 32043.

**ARTICLE IV
Name and Address of Registered Agent**

The name of the Company's initial registered agent is Florence Yerkes. The
street address of the registered agent is 5785 County Road 2095, Green Cove Springs,
Florida 32043.

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ARTICLE V
Admission of New Members

The members shall have such rights to admit new members as provided in the Operating Agreement.

ARTICLE VI
Continuity of Business

The members shall have such rights to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member as may be provided in the Operating Agreement.

ARTICLE V
Management

The Company shall be a manager managed company. The initial managers shall be:

Alan Anderson	21 Dune Street St. Augustine, Florida 32080
Florence Yerkes	5785 County Road 2095 Green Cove Springs, Florida 32043
Neal Yerkes	5785 County Road 2095 Green Cove Springs, Florida 32043

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IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned

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has executed these Articles of Organization on this ____ day of November, 2002.

Florence R. Yerkes
Florence Yerkes

STATE FLORIDA
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this ____ day of November, 2002, Florence Yerkes, who () is personally known to me or (✓) has produced Florida driver's license number 7622 276 25 747 0 as identification.

Notary Public

(Name of Notary printed, typed or stamped)

My commission number:

My commission expires:

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ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept my obligations as registered agent.

DATED NOVEMBER 22, 2002.

Florence R. Yerkes
Florence Yerkes

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