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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
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Fax Number : (850) 224-1640

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

CAMADAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing

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12-30-03

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carnadan LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:1701 South Flagler, PH 1
West Palm Beach, FL 33401**Mailing Address:**779 Cluster Dock Road
Cluster, NJ 07624**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:National Corporate Research, Ltd., Inc.

Name

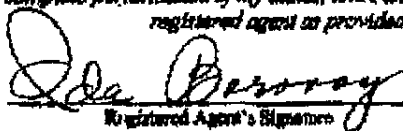
103 N. Meridian Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FLORIDA 32301

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 60B, Florida Statutes.



Registered Agent's Signature

IDA BAROUDY, ASST. SECY.

Print Name (& Title, if applicable)

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(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:

MGRM

MGRM

Cathy Fleming

779 Claster Dock Road

Claster NJ 07624

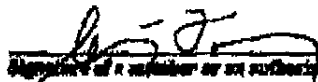
Harold J. Ruoldt Jr

512 Boulevard

Interlaken, NJ 07812

(Use attachment if necessary)

NOTE: A: additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

 Signature of a manager or an authorized representative of a member.

(In accordance with section 508.40(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cathy Fleming

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee (for Articles of Organization)
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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