

**L04000026185**

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED****LIMITED LIABILITY COMPANY****PENTAGAMOO, LLC**

Certificate of Status	0
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4/6/04

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PENTAGAMOO, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10715 SANTA LAGUNA DRIVE  
BOCA RATON, FLORIDA 33428

**Mailing Address:**

10715 SANTA LAGUNA DRIVE  
BOCA RATON, FLORIDA 33428

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

X Nikolaus Psarros  
Name  
10715 SANTA LAGUNA DRIVE  
Florida street address (P.O. Box NOT acceptable)  
BOCA RATON, FL 33428  
City, State, and Zip

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*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.*

X [Signature]  
Registered Agent's Signature

BlumbergExcelsior Corp. Serv.  
62 White Street, New York, NY 10013

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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

MGRM

MGRM

**Name and Address:**

NIKOLAOS PSAREAS

10715 SANTA LAGUNA DRIVE

BOCA RATON, FL 33428

JOANNE PSAREAS

10715 SANTA LAGUNA DRIVE

BOCA RATON, FL 33428

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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

(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.)

NIKOLAOS PSAREAS

Typed or printed name of signer

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**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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