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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

TXT

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

LIMITED LIABILITY COMPANY

GLENDEVRON, LLC

Certificate of Status	0
Certified Copy	i
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

2004 MAY -7 A 10:

FOR

SECRETARY OF STAT TALLAHASSEE, FLORII

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address: .

140 Whitaker Avenue Mont Clare, PA 19453

140 Whitaker Avenue Mont Clare, P.A. 19453

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida Street Address of the Registered Agent are:

Corporation Service Company 1201 Hays Street Tallahassee, FLORIDA 32301

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 by in Chapter 608, Florida Statutes.

Corporation Service Company

By: Lattick been as its agent
Registered Agent's Signature

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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: | NAY -7 A | 0: , 8

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Title: "MGR" = Manager

"MGRM" = Managing Member

Name and Address:

John Rupert Thouron 140 Whitaker Avenue

Mont Clare, PA 19453

MGRM

MGRM

The Thouron Family Trust dated May, 2004.

140 Whitaker Avenue

Mont Clare, PA 19453

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 doctmost constitutes an affirmation under the penalties of perjury that the facts stated bench are true.)

BY: John Ripert Thouron

Typed or printed name of signee

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