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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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RPORATION SERVICE COMPANY		
ACCOUNT NO.: 072100000032		
REFERENCE: 816806 4342896		
AUTHORIZATION: latricia ligito		
COST LIMIT: \$ 155.00		
ORDER DATE : July 22, 2004		
ORDER TIME : 11:18 AM		
ORDER NO. : 816806-005		
CUSTOMER NO: 4342896		
CUSTOMER: David Azrin, Esq. Gallet Dreyer & Berkey, Llp		
8th Floor 845 Third Avenue New York, NY 10022		
DOMESTIC FILING		
NAME: LOGGERHEAD HOLDINGS, LLC		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY		

CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Darlene Ward - EXT. 2935

ON MILES PAR HI, OO,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FORGANIZATION FOR OLIABILITY COMPANY S:
ARTICLE 1 - Name: The name of the Limited Liability Company i	S: TONE TO SEE T
J	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3830 South Righway AlA	Same
Melbourne Beach, FL 32951	
ARTICLE III - Registered Agent, Register. The name and the Florida street address of the	• • • •
Corporation Service C	ompany
Nair	e
2201 Hays Street Florida street address (F	O. Box NOT acceptable)
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 for in Chapter 608, Florida Statutes..

City, State, and Zip

Corporation Service Company Deborah D. Skipper Asst. V. Pres.

> Page 1 of 2 (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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Laurence More
<del></del>	86 Ellsworth Avenue
	Harrison, NY 10528
MGRM	Dominick Villano
	P.O. Box 9302
	Lyadhurst, NJ 07071
mgrm	George Lorey
	330 East 63rd Street, Apt. 5N
	New York, NY 10021
MGRM	Thomas Larkin
	421 Union Avenue
	Mamaroneck, NY 10543
(Lise attachment if necessary)	

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

REQUIRED SIGNATURE:

Signature of a member or 30 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,)

By: David T. Azrin

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)