

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800) 221-0102  
Fax Number : (212) 564-6083

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
DART REALTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DART Realty, LLC**ARTICLE II - Address:**

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

Principal Office Address:195 DeSoto ParkwaySatellite Beach, FL 32937Mailing Address:195 DeSoto ParkwaySatellite Beach, FL 32937**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Dominick P. MontanaroName195 DeSoto ParkwayFlorida street address (P.O. Box NOT acceptable)Satellite Beach, FL 32937City, State, and Zip

*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.*

Registered Agent's SignatureDominick P. Montanaro, Vice PresidentPrint Name (& Title, if applicable)

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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:**

See Attachment "A"

(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.)

Dominick P. Montanaro

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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Attachment "A"

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Anthony F. Massi 14 Pheasant Way Ithaca, New York 14850
MGRM	Amelia R. Massi 14 Pheasant Way Ithaca, New York 14850
MGRM	Dominick P. Montanaro 195 DeSoto Parkway Satellite Beach, Florida 32937
MGRM	S. Renee Montanaro 195 DeSoto Parkway Satellite Beach, Florida 32937
MGRM	Stewart M. McGough 507 Plum Street, Suite 300 Syracuse, New York 13204

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