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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

LIMITED LIABILITY COMPANY

LM ORLOWSKI, L.L.C.

Certificate of Status 0
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ARTICLES OF ORGANIZATION FOR LM ORLOWSKI, L.L.C.

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ARTICLE I

NAME:

The name of the Limited Liability Company is:

LM ORLOWSKI, L.L.C.

ARTICLE

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

> 868 Mills Estate Place Chuluota, Florida 32766

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENTS

SIGNATURE:

The name and Florida address of the registered agent are:

Lydia M. Orlowski 868 Mills Estate Place Chuluota, Florida 32766

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.

Hegistered Agent's Signature

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ARTICLE IV

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MANAGER(S) OR MANAGING MEMBER(S):

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

Lydia M. Orlowski, Mgrm. 868 Mills Estate Place Chuluota, Florida 32766

Larry A. Orlowski, Mgtm. 868 Mills Estate Place Chuluota, Florida 32766

LYDIA M. ORLOWSKI, MGRM.

(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.)

LYDIA M. ORLOWSKI, MGRM.
Printed name of Signes