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From:

Account Name : HUBCO

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: (516)935-3940 Phone Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Angora Services LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR

•	FOR
FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name	anyis: Angora Services LLC
ARTICLE II - Address The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4410 Bayview Drive	4410 Rayview Drive
Fort Lauderdale, FL 33308	Fort Landerdale, FL 33308
ARTICLE III - Registered Ager The name and Florida street address of the	nt, Registered Office & Registered Agent's Signature he registered agent are:
	Nihan Goren
-	Name
	4410 Bayview Drive
_	(P.O. Box or Mail Drop Box NOT Acceptable)
_	Fort Lauderdale, FL 33308
	(City / State / Zin)

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 cert 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.

Registered Agent's Signature - Nihan Goren

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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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Niban Goren-4410 Bayview Drive, Fort Lauderdale, FL 33308 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) Nihan Goren Typed or printed name of signee

> 2005 JAN 13 AH 10: 26 SECRETARY OF STATE