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Division of Corporations

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

From: Account Name : USA CORPORATE SERVICES INC.
Account Number : I20000000220
Phone : (800)891-7432
Fax Number : (518)433-1469

LIMITED LIABILITY COMPANY
1183 FLOWING CREEK WAY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION
OF**

1183 FLOWING CREEK WAY LLC
Pursuant to section 608.407, Florida Statutes

1. The name of the Limited Liability company is: **1183 FLOWING CREEK WAY LLC**
2. The mailing address and street address of the principal office of the Limited Liability Company is:

1183 FLOWING CREEK WAY, OSTEEN, FL 32764

3. The name and address of the registered agent is as follows:

PETER CAPUTO, 2 OCEAN BEACH DRIVE, ORMOND BEACH, FL 32176

3. The period of duration for the Limited Liability Company shall be perpetual.
4. The Limited Liability Company is to be managed by members and the names and addresses of such members are as follows:

MICHAEL FLYNN, 1 HARTSHORN LANE, WEST NYACK, NY 10994
SEAN FLYNN, 23 NORWOOD PLACE, NANUET, NY 10954

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day **23rd** day of **March 2005**.



Frank Orlando
Authorized Representative

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Acceptance of Appointment as Registered Agent

1183 FLOWING CREEK WAY LLC

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dated: March 23, 2005

X 
PETER CAPUTO
Registered Agent

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