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TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

lexington partners llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF 2005 APR -5 A 8: 38

③

LEXINGTON PARTNERS LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company shall: LEXINGTON
PARTNERS LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited
Liability Company is: 1131 DELANEY AVENUE, ORLANDO, FL 32806

ARTICLE IV

The name of the Member(s) for this company shall be:
BEN DEVARY LOREN BROWN

ARTICLE V

The name and the Florida street address of the registered agent are: BEN
DEVARY, 1131 DELANEY AVENUE, ORLANDO, FL 32806

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

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LEXINGTON PARTNERS

(Name of Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

BEN DeVary

Registered Agent

BEN DeVary
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.)

BEN DEVARY

Typed or printed name of signer

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