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Florida Department of State  
Division of Corporations  
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M. HODGES

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

From: Account Name : LLOYD GRANET  
Account Number : 074632001025  
Phone : (561) 999-9300  
Fax Number : (561) 999-9400

*WS*

LIMITED LIABILITY COMPANY

2860 NORTH FEDERAL HIGHWAY LLC

*Please send Certificate of Status.*

Certificate of Status	<i>01</i>
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited liability company is:

**2860 NORTH FEDERAL HIGHWAY LLC**

**ARTICLE II - Address:**

The mailing and street address of the principal office of the limited liability company is:

**95 FOREST AVENUE  
LOCUST VALLEY, NY 11560**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**LLOYD GRANET, P.A.  
2295 NW CORPORATE BLVD, STE. 235  
BOCA RATON, FL 33431-7330**

*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, F. S.*

\_\_\_\_\_  
By: Registered Agent's Signature

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

\_\_\_\_\_  
Signature of a member or an authorized representative of a member

**Lloyd Granet**  
Typed or printed name of signee

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