

**05000083680**

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

**SECOND REQUEST**

Date August 23, 2005

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Prevashini Pillay LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Prevashini Pillay LLC**

## ARTICLE II - Address

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

Principal Office Address:Mailing Address:2972 White Cedar Circle2972 White Cedar CircleKissimmee, FL 34741Kissimmee, FL 34741

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Prevashini Pillay

Name

2972 White Cedar Circle(P.O. Box or Mail Drop Box **NOT** Acceptable)Kissimmee, FL 34741

(City / State / Zip)

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.

Registered Agent's Signature - Prevashini Pillay

**ARTICLE IV - Manager(s) or Managing Member(s):**

**Title:**

"MGR" = Manager

**MGRM**[illegible]

(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. )

**Typed or printed name of signee**

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