

Sep-16-2005 04:23pm

From: RUDEN MCCLOSKEY 17 FL ST

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Florida Department of State
Division of Corporations
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From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Lynch Gainesville, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

M. Thomas SEP 19 2005

Electronic Filing Menu

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**ARTICLES OF ORGANIZATION
OF
LYNCH GAINESVILLE, LLC
a Florida Limited Liability Company**


The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is LYNCH GAINESVILLE, LLC (the "Company").

2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is 105 Village Path, Lakewood, NJ 08701.

3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

The undersigned has executed these Articles of Organization on the 16 day of September, 2005.

By: 
T. Elliot Friedman, Authorized Representative

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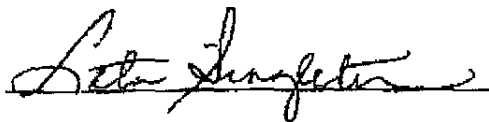
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the limited liability company is: LYNCH GAINESVILLE, LLC.
2. The name and address of the registered agent and office is:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, Florida 33331

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 its 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.



09/16/2005
Date:

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TALLAHASSEE
FLORIDA

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