

# L06000001468

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**THOUSAND HILLS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02-3
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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1/17/2006

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

THOUSAND HILLS LLC**ARTICLE II - Address:**

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

**Principal Office Address:**450 UNIT 201 ROBINHOOD CIRCLE  
NAPLES, FL 34104**Mailing Address:**676 BROADWAY  
MASSAPEQUA, NY 11768**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

VINCENT DELETTA

Name

450 UNIT 201 ROBINHOOD CIRCLEFlorida street address (P.O. Box NOT acceptable)NAPLES, FL 34104

FL

City, State, and 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.

X   
\_\_\_\_\_  
Registered Agent's Signature

2006 JAN 17 10:59  
STATE  
TALLAHASSEE  
FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMVINCENT DELETTO450 UNIT 201 ROBINHOOD CIRCLEMASSAPEQUA, NY 11758

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Justin T. Reed, Organizer

Typed or printed name of signer

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**Justin T. Reed  
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New York, NY 10013

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