Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Akkord, LLC

Certificate of Status	1.
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
he name of the Limited Liability Company is: Akkord, LLC

ARTICLE II - Address

The mailing address and	street address of the principa	al office of	the Limited Liability Con	npany is:		
rincipal Office Addre	<u>88:</u>		Mailing Address:	,		,
118 Lobiolly Bay Drive		118 Loblolly Bay Drive				
Santa Rosa Beach,	FL 32459	en de la companya de La companya de la co	Santa Rosa Beach, F	L 32459	igneji u	· ,
magnes as a second of a		(te see	A Bridge Story Story	4. %	2001 FEB 16 SECRETAR TALLAHASS	
-	gistered Agent, Registered ect address of the registered	rea Um	ce & Registered Age :	nt's Signatu	SEE: F	
	1401		Name		8: 40 STATE CORIDA	
		phiolly Bar P.O. Box or	ny Drive Mail Drop Box <u>NOT</u> Acceptab	le)		
	San <u>ta</u>		nch, FL 32459 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 - Michal Rosciszewski

	Manager(s) or Managing Member(s): ess of each Manager or Managing Member is as follows:	107000042940
Title: "MGR"=Manager "MGRM"=Manager		
MGRM	Michal Rosciszewski-118 Loblolly Bay Drive, Santa Rosa Bes	<u>ıch, FL 3</u> 2459
(Use attachment if	necessary)	n en
REQUIRED SIG	NATURE:	100 1685
	Signature of a member or authorized representative of a member.	~ < 40000
11	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)	
	Michal Rosciszewski	STATE STATE
	Typed or printed name of signee $\stackrel{ ext{ iny 20}}{ imes}$	a 5