Division of Corporations

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Division of Corporations

Fax Number : (850)205-0383 .

From:

Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : I20010000247

Phone

: (800)494-3124

Fax Number

: (305)675~2811

ORIDA/FOREIGN LIMITED LIABILITY CO.

THRIDGE LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

THRIDGE LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company

6923-6931RIDGE RD

PORT RICHEY FL 34668-6847

The mailing address of the LLC is:

2 NELSON PL

SPRINGFIELD NJ 07081-2501

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

THRESIAMMA THOMAS

6923-6931RIDGE RD

PORT RICHEY FL 34668-6847

Having been named as registered agent 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.

THRESIAMMA THOMAS / Registered Agent's Signature

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PAGE 2 THRIDGE LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

THRESIAMA THOMAS

2 NELSON PL

SPRINGFIELD NJ 07081-2501

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Signature of a member or an 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.

THRESIAMMA THOMAS
Typed or printed name of signee

TALLAHASSEE, FLORIDA