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To:

Division of Corporations
Fax Number : (850)205-0383

Account Name PROSKAUER ROSE LLP

Account Number

074673001063 (561)995-4704

Fax Number

: (561)241-7145

ORIDA/FOREIGN LIMITED LIABILITY CO.

CLEO NC, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CLEO NC, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 708 Cote Azur Circle, Palm Beach Gardens, FL 33410:

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

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

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.)

Andrew D. Levy
Typed or printed name of signec

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