

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : FALLACE & LARKIN, L.C.
Account Number : I20000000191
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Malabar Holdings, LLC

Certificate of Status	1
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12/5

Electronic Filing Menu

Corporate Filing Menu

Help

H07000292433 3

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: **Malabar Holdings, LLC**

ARTICLE II - ADDRESS

Principal Office Address

4754 Kenansville Rd.
St. Cloud, FL 34773

Mailing Address

PO Box 110189
Palm Bay, FL 32911-0189

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

David G. Larkin
1900 S. Hickory Street, Ste. A
Melbourne, FL 32901

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, Florida Statutes.


(Signature of Registered Agent)

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

Title

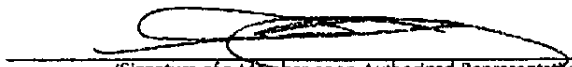
"MGR" = Manager

"MGRM" = Managing Member

Name and Address

MGRM

Willard Palmer
4754 Kenansville Rd.
St. Cloud, FL 34773


(Signature of a Member or an Authorized Representative of 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)

David G. Larkin
(Typed or Printed Name of Signee)

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