

Mar. 13, 2008 9:51AM
Division of Corporations

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

2008 MAR 13 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ONECK TERRACE 1, LLC

Certificate of Status	0
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mar. 13. 2008 9:51AM

No. 4013 P. 2/6

(H080000652403)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

Oneck Terrace 1, LLC

ARTICLE II - ADDRESS:

Principal Office Address:

Mailing Address

391 Indies Drive

391 Indies Drive

Orchid, Florida 32963

Orchid, Florida 32963

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Maryellen Conefry

Name

391 Indies Drive

Florida street address (P.O. Box Not acceptable)

Orchid, Florida 32963

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.

Maryellen Conefry

Registered Agent's Signature

(CONTINUED)

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No. 4013 P. 3/6

(H080000652403)

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:

MGRM

Marvellen Conefry

391 Indies Drive

Orchid, Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V: Effective date, if other than the date of filing _____

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing)

Marvellen Conefry
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 penalties of perjury that the facts herein stated are true)

Marvellen Conefry
Type name of signee

(H080000652403)