

L08000079852Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383**L. SELLERS**

AUG 21 2008

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**EXAMINER****FLORIDA/FOREIGN LIMITED LIABILITY CO.****DWELLINGS & ABODES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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:

DWELLINGS & ABODES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2034 BONISLE CIRCLE
PALM BEACH GARDENS
FL 33418

Mailing Address:

2034 BONISLE CIRCLE
PALM BEACH GARDENS
FL 33418

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

ARVIND B. AJINKYA

Name

4524 GUN CLUB RD. #102

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

WEST PALM BEACH, FL 33415

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, Florida Statutes..

Arvind B. Ajinkya
Registered Agent's Signature

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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:

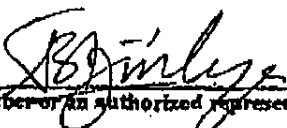
MGRM

SURESH KORAPATI
2034 BONISLE CIRCLE
PALM BEACH GARDENS FL 33418

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

ARVIND B. ASINKYA

Typed or printed name of signer

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