

W08000083153

Florida Department of State
Division of Corporations
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H080002017603ABCY

L. SELLERS

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EXAMINER

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY COMPANY

osprey two, l.l.c.

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TALLAHASSEE, FLORIDA

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Fax Number : (850) 617-6383

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Certificate of Status	0
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8/26/2008 11:06 AM

DATE, TIME	08/26 11:17
FAX NO./NAME	18506176383
DURATION	00:00:48
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

TIME : 08/26/2008 11:18
NAME : EMPIRE CORP KIT
FAX : 3056339696
TEL : 3056343694
SER.# : BR066J504820

TRANSMISSION VERIFICATION REPORT



August 27, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: OSPREY TWO, L.L.C.
REF: W08000039960

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H08000201760
Letter Number: 908A00047648

P.O. BOX 6327 - Tallahassee, Florida 32314

H08000201700

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSPREY TWO, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2 CLOVER LEAF LANE
EAST HAMPTON
NEW YORK 11937

PO BOX 1333
WAINSCOTT
NEW YORK 11975

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

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

CHARLOT TAYLOR
Name

2160 IBIS ISLE APT 3
Florida street address (P.O. Box ~~NOT~~ acceptable)

PAUM BEACH FL 33480
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.

Charlot Taylor
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

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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

MGR

Name and Address:

Blair Taylor
PO Box 133/3
Wainscott, NY 11975

(Use attachment if necessary)

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

(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.)

REQUIRED SIGNATURE:

Charlot Taylor
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.)

Charlot Taylor
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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