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To:

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

EXAMINER

FROM:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

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13 JUL 1965

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sinkoe Leasing, LLC

Certificate of Status	1
Certified Copy	1
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SEVENTH OF STATE
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION
OF
SINKOE LEASING, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is SINKOE LEASING, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 5558 S. Flamingo Road, Cooper City, Florida 33330.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Dr. Stephen Sinkoe, 5558 S. Flamingo Road, Cooper City, Florida 33330.

The undersigned has executed these Articles of Organization on the 1st day of April, 2009.

By: 
Dr. Stephen Sinkoe, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the limited liability company is: SINKOE LEASING, LLC.
2. The name and address of the registered agent and office is:

Dr. Stephen Sinkoe
5558 S. Flamingo Road
Cooper City, Florida 33330

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 its 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.



Dr. Stephen Sinkoe, Registered Agent

4/1/09

(Date)

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