

Division of Corporations

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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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Orange Town LLC

Certificate of Status	1
Certified Copy	0
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M. THOMAS

EXAMINER

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TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT -6 AM 9:00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Orange Town 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:**3812 S. Rio Grande3812 S. Rio GrandeOrlando, FL 32839Orlando, FL 32839**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Desmond D'SouzaName3812 S. Rio Grande(P.O. Box or Mail Drop Box NOT Acceptable)Orlando, FL 32839(City / State / 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.


Registered Agent's Signature - Desmond D'Souza

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ARTICLE IV - Manager(s) or Managing Member(s)

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

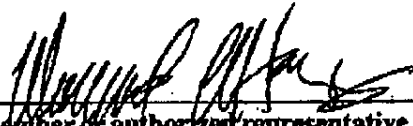
Desmond D'Souza - 803 Bellmore Avenue, East Meadow, NY 11554

MGR

Norma Lobo D'Souza - 803 Bellmore Avenue, East Meadow, NY 11554

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Desmond D'Souza

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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