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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.

Charles Landing, LLC

Certificate of Status	0
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY.**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CHARLES LANDING, LLC

ARTICLE II ADDRESS

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


1001 LEXINGTON AVENUE
ROCHESTER, NEW YORK 14606

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

THOMAS ROSATI
8677 MARLAMOOD LANE
WEST PALM BEACH, FLORIDA 33412

Having been named as registered agent 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.

x  3-9-10
THOMAS ROSATI / Registered Agent's signature

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CHARLES LANDING, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MANAGERS (optional)

MANAGER

JOHN M. SUMMERS

1001 LEXINGTON AVENUE

ROCHESTER, NEW YORK 14606

MANAGER

KENNETH A. MARVALD

1001 LEXINGTON AVENUE

ROCHESTER, NEW YORK 14606

MANAGER

EUGENE W. BALDINO

1001 LEXINGTON AVENUE

ROCHESTER, NEW YORK 14606

X

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.

Kenneth A. Marvald

PRINTED NAME OF SIGNED

RECD
SECRETARY OF STATE
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