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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 : CSH SERVICES, LLC
Account Number : 120070000160
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FLORIDA LIMITED LIABILITY CO.
Le Touquet, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

C. LEWIS
JUN 14 2010
EXAMINER

71-10000137711-3
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 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR A
 FLORIDA LIMITED LIABILITY COMPANY**
 In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LE TOUQUET, LLC

ARTICLE II ADDRESS

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


1537 VICTORIA ISLE WAY
 WESTON, FLORIDA 33327

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

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

SILVIA BROGNO
 1537 VICTORIA ISLE WAY
 WESTON, FLORIDA 33327

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 

 SILVIA BROGNO / Registered Agent's signature

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ARTICLE IV MANAGEMENT

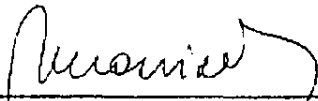
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ALCIDES CARLOS MARINO
1537 VICTORIA ISLE WAY
WESTON, FLORIDA 33327

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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.

ALCIDES CARLOS MARINO

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