

8/27/2010

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Division of Corporations**Florida Department of State
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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**

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TALLAHASSEE, FLORIDA****10 AUG 27 AM 8:38****FILED**

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ken@blepc.com

**FLORIDA LIMITED LIABILITY CO.
Cobblestone Management Group LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Cobblestone Management Group 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:

1690 Seascape Circle

1690 Seascape Circle

Tarpon Springs, FL 34689

Tarpon Springs, FL 34689

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

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

Bonnie Reenstra

Name

1690 Seascape Circle

(P.O. Box or Mail Drop Box NOT Acceptable)

Tarpon Springs, FL 34689

(City / State / Zip)

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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 - Bonnie Reenstra

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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

Name and Address:

MGRM

Bonnie Reenstra - 1690 Seascape Circle, Tarpon Springs, FL 34689

MGRM

Dan Jenkin - 1690 Seascape Circle, Tarpon Springs, FL 34689

(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.)

Bonnie Reenstra

Typed or printed name of signer

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