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

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Account Name : HUBCO
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FLORIDA LIMITED LIABILITY CO.
Malton, LLC

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

T. CLINE

JUL 11 2011

EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Malton, LLC**

ARTICLE II - Address

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

Principal Office Address:

1112 Price Avenue
Columbia, SC 29201

Mailing Address:

P.O. Box 448
Columbia, SC 29202

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

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

CorpDirect Agents, Inc.
Name

515 East Park Avenue
(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301
(City / State / Zip)

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TALLAHASSEE, FLORIDA

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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.

Michele Holden, Ass't Secy.
Registered Agent's Signature - Michele Holden, Ass't Secretary

H11000177017

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

H11000177017

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Alexander Szkaradek - 138 Brooklet Drive, Lexington, SC 29072

(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.)

Alexander Szkaradek

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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