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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
446 SOUTH BEACH RD., LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

446 SOUTH BEACH RD. . . LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

446 SOUTH BEACH RD.
HOBE SOUND, FL 33455

Mailing Address:

454 SOUTH BEACH RD.
HOBE SOUND, FL 33455

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CHARLES R. MODICA
Name

446 SOUTH BEACH RD.
Florida street address (P.O. Box **NOT** acceptable)

HOBE SOUND FL 33455
City, State, and 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.

Charles R. Modica
Registered Agent's Signature (REQUIRED)

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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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MORM" = Managing Member

MGRM

CHARLES R. MODICA
454 SOUTH BEACH RD.
HOBE SOUND, FL 33455

MGRM

LISA A. MODICA
454 SOUTH BEACH RD.
HOBE SOUND, FL 33455

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Charles R. Modica

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.)

CHARLES R. MODICA

Typed or printed name of signer

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