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FLORIDA LIMITED LIABILITY CO. MCMYERS KEY, LLC

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EXAMINER

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| ARTICLES OF ORGANIZATION FOR) | FLORIDA LIMITED LIABILITY | COMPANY |
|---|--|-------------------|
| ARTICLE I - Name: The name of the Limited Liability Company i | is: | |
| McMyers Key, LLC | · | |
| (Must end with the words "Limited Lin | bility Company, "L.L.C.," or "LLC.") | _ |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liabilit | y Company is: |
| Principal Office Address: | Mailing Address: | |
| o Scolaro, Shulman, Cohen et al | same | |
| 32-C SE Osceola St. | | |
| Stuart, Florida 34994 | · · · · · · · · · · · · · · · · · · · | |
| ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the | gistered Agent, You must designate an individual o | TO INCIDENT TO IT |
| Stewart M. McGough, Esq., c/o | Scolaro, Shulman, Cohen et al | SH = [|
| Name | | ma - m |
| 32-C SE Osceol | a Street | M 7:50 |
| | ddress (P.O. Box <u>NOT</u> acceptable) | ORT : |
| Stuart | _{FL} 34994 | 0 70 |
| 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..

(CONTINUED)

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2012 JAN 11 AM 7:50

| ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: | | ZUIZ JAM II AM I | |
|--|--|--------------------------------------|--|
| | | SECRETARY OF STA TALLAHASSEE, FLO | |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Namo and Address: | IALE AHASSELT ES | |
| MGRM | Stewart M. McGough | | |
| | 204 Wilshire Road | | |
| | Syracuse, NY 13209 | | |
| MGRM | Frederick J. Myers | | |
| | 3449 Stanford Drive | | |
| | Baldwinsville, NY 13027 | | |
| (Use attachment if necessary) TICLE V: Effective date, if other than the effective date is listed, the date muster 90 days after the date of filing.) | ne date of filing: | . (OPTIONAL) business days prior | |
| REQUIRED SIGNATURE: | · | | |
| Signature of a mem | ber or an authorized representative of a member 08.408(3), Florida Statutes, the execution of this de | | |
| constitutes an affirmation und I am aware that any false info | der the penalties of perjury that the facts stated here primation submitted in a document to the Departine ony as provided for in s.817.155, F.S.) | sin are true. | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Stewart M. McGough, Member

Typed or printed name of signce

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