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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CUMMINGS & LOCKWOOD, LLC
Account Number : 102336001100
Phone : (239) 649-3101
Fax Number : (239) 430-3344

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
420 Eastside Associates, LLC**

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

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D. BRUCE
JUL 13 2012
EXAMINER

**ARTICLES OF ORGANIZATION
OF
420 EASTSIDE ASSOCIATES, LLC**

ARTICLE I

Name

The name of this Limited Liability Company is 420 EASTSIDE ASSOCIATES, LLC (the "Company").

ARTICLE II

Addresses

The mailing address of the principal office of the Company is:

P.O. Box 817
Southport, CT 06890
Attention: Denise J. Lewis, Manager

The street address of the principal office of the Company is:

Denise J. Lewis
3031 Burr Street
Fairfield, CT 06430

ARTICLE III

PURPOSE

The purpose for which this limited liability company is organized is for any and all lawful business as a limited liability company.

ARTICLE IV

Duration

The period of duration for the Company is perpetual.

ARTICLE V

Registered Office and Agent

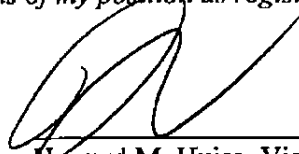
The name and the Florida street address of the registered agent are:

CLASP, INC.
3001 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FLORIDA 34103

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

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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.



Howard M. Hujsa, Vice President

ARTICLE VI

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