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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG - 8 AM 10:18

AUG 9 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camindan, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel D'Angelo

Name of Person

Firm/Company

23 Hidden Glen Drive

Address

Sparta, NJ 07871

City/State and Zip Code

dan024@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George F. Sweeny, Esq.

Name of Person

at (973) 729-6400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LAW OFFICES
GEORGE F. SWEENY

A PROFESSIONAL CORPORATION
20 MAIN STREET
SUITE 101
SPARTA, NJ 07871

MEMBER OF NEW JERSEY
AND NEW YORK BAR

TELEPHONE
(973) 729-6400
FACSIMILE
(973) 729-3167
e-mail:
gsweeny@gsweenylaw.com

August 7, 2012

VIA FEDERAL EXPRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Camindan, LLC
Registration

Dear Sir or Madam:

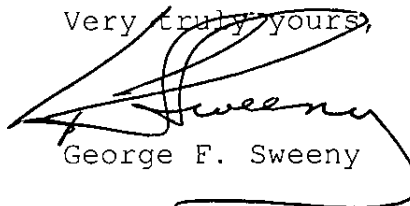
Enclosed are the following in connection with the formation
of Camindan, LLC:

1. Cover Letter;
2. Articles of Organization;
3. Check for \$125.00; and
4. Self addressed envelope.

Kindly file the Articles and return a conformed copy to my
attention in the enclosed self-addressed envelope.

Thank you for your cooperation and attention to this matter.

Very truly yours,



George F. Sweeny

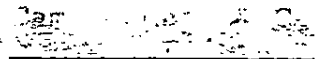
GFS\ws
Enclosure

cc: Dan D'Angelo (w/o enclosures - via e-mail)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



Camindan, 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:

23 Hidden Glen Drive
Sparta, NJ 07871

Mailing Address:

23 Hidden Glen Drive
Sparta, NJ 07871

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:

InCorp Services, Inc.

Name

17888 67th Court North

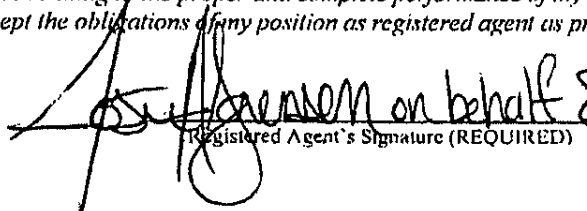
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee

FL 33470

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..

 on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Daniel D'Angelo

23 Hidden Glen Drive

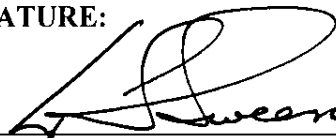
Sparta, NJ 07871

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

George F. Sweeny, authorized representative

Typed or printed name of signee

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)