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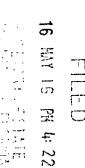
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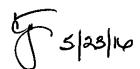
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Long Island Sound Properties, LLC
SUBJECT: 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:
Jeff & leggy Crefella
Name of Person
Firm/Company
242 Cow HIII Rd Address
Clinton CT 06413 City/State and Zip Code Peggy. cretella @ 96 cglobal. net
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PeggyCretellA at 860, 5810727
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Street Address New Filing Section Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

22

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
	TES LLC - THE TO THE PH 4
(Must end with the words "Limited Liability C	lompany, "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:	Mailing Address:
242 COW HILL Rd	sane
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
Jeffrey Ch Name 11820 Surf	bird Circle
Florida street address (P.O. Box Sucksonville	· · · · · · · · · · · · · · · · · · ·
City State	Zip
Having been named as registered agent and to accept service of proces place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the sum familiar with and accept the obligations of my position as registered	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I
Ragistered Agent's	s Signature (REQUIRED)
(CONTIN	NUED)
Page 1	of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
"MGR" = Manager		
HARAGOODALAAMBR	MARKE PCGAY Cretell	4
AMBR	Jeffrey Crefella 242 Con HILRA	
MGR	Brian Kothman Diver Property Manager 9378 Arlington Exp #	uent Team (
(Use attachment if necessary)	Jacksonville, FL 3223	25
LEV: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and		
ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the a nument's effective date on the Department of State's	d cannot be more than five business days applicable statutory filing requirements, thi	prior to or 90 days
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