Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Phone Fax Number

: (845)818-3588

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

FLORIDA LIMITED LIABILITY CO. Manatee Operating LLC

Manage Operating Doe				
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N. SAMS

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		FILE	ED	
ARTICLE I - Name: The name of the Limited Liability Company is:	16	DEC 13	AH	9: 57

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

Manatee Operating LLC

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

Principa	d Office Address:		Mailing Address:
5627 9th Street East		199	Community Drive
Bradenton, Florida 34	1203	Ores	it Neck, NY 11021
other business entity with an a	ctive Florida registration	n.) ¯	You must designate an individual
The Limited Liability Company nother business entity with an a he name and the Florida street a	ctive Florida registration address of the registered	agent are:	You must designate an individual
other business entity with an a	ctive Florida registration	agent are:	You must designate an individual
other business entity with an a	ctive Florida registration address of the registered	agent are:	You must designate an individua
other business entity with an a	ctive Florida registration address of the registered Voorp Services, LLC	n.) agent are: Name ad 7, Suite 106	
other business entity with an a	ctive Florida registration address of the registered Voorp Services, LLC 5011 South State Ros	n.) agent are: Name ad 7, Suite 106	

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorize	Name and Addres	Ľ
"MGR" = Manager		
MGR	Jonathan Bleier	
	199 Community D	
	Great Neck, NY 1	1021
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