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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.

SBEBRY@OPTONLINE.NET

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FLORIDA LIMITED LIABILITY CO. 16 PAWS REALTY MGMT. LLC

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K. Brumbley

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
16 PAWS REALTY MGM	IT. LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of Principal Office Address: 3761 BERENSTAIN DRIVE 376			
SAINT AUGUSTINE, FLORIDA 32092-3448 SAIN	T AUGUSTINE, FLORIDA 32092-3448		
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a RAUL REYES Name 3761 BERENSTAIN DRIVE Florida street address (P.O. Box NOT a SAINT AUGUSTINE	red Agent. You must designate an individual	18 JAN 26 AM 8:00	OB THE
City	Zip		
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the ap capacity. I further agree to comply with the provisions of all st of my duties, and I am familiar with and accept the obligation. Chapter 403. Registered Agent's Signature (RI RAUL REYE)	process for the above stated limited liability copointment as registered agent and agree to act atutes relating to the proper and complete perform of any position as registered agent as provided F.S.	in thi orman	s sce
Page 1 of 2			

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	J. SCOTT BEBRY
	26 BAYVILLE PARK BLVD.
	BAYVILLE, NEW YORK 11709
(Use attachment if necessary)	
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E V: Effective date, if other than the date of file ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of member (In accordance with section 605.0 constitutes an afficiation under I am aware that any false informs	and cannot be more than five business days prior to o
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of member (In accordance with section 605.0 constitutes an afficiation under I am aware that any false information to the section of the	r or an authorized representative of a nember. 203 (1) (b), Florida Statutes, the execusion of this document the penalties of perjury that the facts stated herein are tration submitted in a document to the Department of States.

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