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(((H21000250165 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Fax Number : (215)977-9386

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.

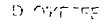
Casa Blanca Holding LLC

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Page Count	02
Estimated Charge	\$125.00

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Help



Fax: 12159779386

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Casa Blanca Holding					
(Must con	tain the words "Limited Liab	ility Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal office	e of the Limited I	Liability Company is:		
<u>Priaci</u>	oal Office Address:		Mailing Address:		
1709 Imperial Way		1709	Imperial Way		
West Deptford, NJ 0	19066				
ARTICLE III - Registered Ag The Limited Liability Company	gent, Registered Office, & R y cannot serve as its own Reg	legistered Agent	Deptford, NJ 08066 's Signature: ou must designate an individual or	21 JU	
ARTICLE III - Registered Ag (The Limited Liability Compan) another business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.)	legistered Agent gistered Agent. Y	's Signature:	21 JUN 28	
ARTICLE III - Registered Ag (The Limited Liability Compan) another business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.)	legistered Agent gistered Agent. Y	's Signature:	JUN 28 P	72 73
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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)

ARTICLE IV-

To: 8506176381@rctax.com Fax: (850) 617-6381

(((H21000250165 3)))

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Susan Miner		
= = = = = = = = = = = = = = = = = = =	1709 Imperial Way		
	West Dentford, NJ 08066		
AMBR	Samuel Miner		
	1709 Imperial Way		
	West Deptford, NJ 08066		
			<u> </u>
(Use attachment if necessary) EV: Effective date, if other than the lective date is listed, the date must be	date of filing:	(OPTIONAL)	r 90 dav
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\$ 5.00 Certificate of Status (Optional)

\$ 30 Certified Copy (Optional)