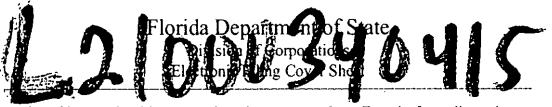
Division of Corporations



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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516)935-3940

Fax Number

: (516)935-3088

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. 2936 LICHEN LANE UNIT D LLC

Certificate of Status	1
Certified Copy	0
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T. SCOTT

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H21000285782

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2936 LICHEN LANE UNIT D 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:

Mailing Address:

10930 ENDEAVOUR WAY STE E SEMINOLE, FL 33777 10930 ENDEAVOUR WAY STE E SEMINOLE, FL 33777

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:

MATTHEW CHIARAVALLO

Name

10930 ENDEAVOUR WAY STE E

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

SEMINOLE

FI 33777

City

Zin

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..

Registered Agent's Signature (REQUIRED)

MATTHEW CHIARAVALLO

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MATTHEW CHIARAVALLO
AMBR	
	10930 ENDEAVOUR WAY STE E SEMINOLE, FL 33777
AMBR	MICHAEL MAKRILOS
	10930 ENDEAVOUR WAY STE E
	SEMINOLE, FL 33777
(A)	
(Use attachment if necessary)	
EV: Effective date, if other than the da	ate of filing: (OPTIONAL)
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LE V: Effective date, if other than the datective date is listed, the date must be sof filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular constitutes an affirmation I am aware that any false	member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
E V: Effective date, if other than the datective date is listed, the date must be sof filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular constitutes an affirmation I am aware that any false	member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true.