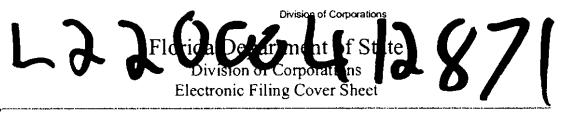
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From:

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: EDDY@ROSEDALEDRAPALA.COM

FLORIDA LIMITED LIABILITY CO. 12231 Skyler Ln LLC

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| Certificate of Status | 1 |
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| ARTICLES OF ORGANIZA | TION FOR FLORIDA LIMITED LIABILITY COM | APANY |
|--|---|---|
| ARTICLE 1 - Name: The name of the Limited Liability Company | is: | |
| 12231 Skyler Ln LLC | | |
| (Must end with the wor | ds "Limited Liability Company, "L.L.C.," or "I | LLC.") |
| ARTICLE 11 - Address: The mailing address and street address of the | principal office of the Limited Liability Comp | any is: |
| Principal Office Address: | Mailing Address: | |
| 12231 Skyler Lane Spring Hill, FL 34609 | 12231 Skyler Lane Spring Hill, FL 34609 | _ |
| Spring Hill, FL 34609 | 3pring Fin, FE 34009 | |
| another business entity with an active Florida The name and the Florida street address of the | _ | |
| <u>Michael Foley</u> | | |
| | Name | |
| 12231 Skyler La Florida street addres | ane ss (P.O. Box <u>NOT</u> acceptable) | |
| Spring Hill | FL 34609 | |
| Cit | | |
| Having been named as registered agent and the place designated in this certificate, I h capacity. I further agree to comply with the | to accept service of process for the above stated acreby accept the appointment as registered agence provisions of all statutes relating to the proper accept the obligations of my position as registered Chapter 605, F.S | nt and agree to act in this the de-de- and complete performance cap thus |
| Certificate of Strias Michael Certificate Of Strias Registered Ag | gent's Signature (REQUIRED) | Certail 2001 (Certail 2001) |
| Page | Michael Foley (CONTINUED) Page 1 of 2 | Paye Pastin 1 |
| . | | ZE AMII: |

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| Title: | Name and Address: | | |
|--|--|--|-------------------|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager AMBR | Michael Foley | | |
| 7,33(6) 1 | 8 Fran Lane | | |
| | Selden, NY 11784 | | |
| ANADO | Kyle Pena | | |
| AMBR | | | |
| | 19 Riviera Drive Selden, NY 11784 | | |
| | OOIOGII.JAT. 177.04 | | |
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| (Use attachment if necessary) | | | |
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| late of filing.) | ecific and cannot be more than five business day | | |
| late of filing.) | | | . |
| late of filing.) **ICLE VI: Other provisions, if any. | | | - - |
| TICLE VI: Other provisions, if any. **REQUIRED SIGNATURE: | A) we so. | | |
| REQUIRED SIGNATURE: | La su. | | - - |
| REQUIRED SIGNATURE: | mber of an authorized representative of a men | nber. | REQ |
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| ICLE VI: Other provisions, if any. **REQUIRED SIGNATURE: **Tash: **Tash: | mber of an authorized representative of a men 505:0203 (a) (b); Florida Statutes, the execution of fider the penalties of perjury that the facts stated h | nber. of this document herein are true. | REC |
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