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LIMITED LIABILITY COMPANY

STRATHMORE OF FLORIDA, L.L.C.

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**FAX AUDIT NUMBER:** H99000006489 1

**ARTICLES OF ORGANIZATION  
OF  
STRATHMORE OF FLORIDA, L.L.C.**

The undersigned does hereby certify his intention to form a limited liability company under and by virtue of Chapter 608, FLORIDA STATUTES, and the laws of the State of Florida, and further certifies that:

**ARTICLE I  
NAME**

The name of this limited liability company shall be: **STRATHMORE OF FLORIDA, L.L.C.**

**ARTICLE II  
TERM OF EXISTENCE**

This limited liability company is to exist perpetually.

**ARTICLE III  
MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the limited liability company is:

5046 S.W. Orchid Bay Dr.  
Palm City, Florida 34990

**ARTICLE IV  
REGISTERED AGENT**

The limited liability company's initial registered office and initial registered agent at that address shall be:

Michael Trapani

5046 S.W. Orchid Bay Dr.  
Palm City, Florida 34990

Prepared by:  
Lawrence E. Crary III, Esquire  
555 Colorado Avenue  
Stuart, Florida 34994  
(561) 287-2600  
Fla. Bar No.: 250414

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**ARTICLE V  
ADDITIONAL MEMBERS**

The members of the limited liability company shall have the right to admit additional members upon the affirmative vote (i.e., approval) of all of the members of the limited liability company.

**ARTICLE VI  
CONTINUATION OF BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member of the limited liability company, or the occurrence of any other event which terminates continued membership of a member, the remaining members shall have the right to continue the business of the limited liability company and shall have the right to purchase the membership interest of the terminated member in accordance with the Operating Agreement of the limited liability company.

**ARTICLE VII  
MANAGEMENT**

The limited liability company shall be managed by its members, who shall also be known as "managing members". Management of the limited liability company shall be reserved to its members. The names and addresses of the managing members are as follows:

Michael Trapani  
6858 S.W. Wedelia Terrace  
Palm City, Florida 34990

Stephen Scerri  
40 Woodlawn Ave.  
East Moriches, N.Y. 11940

**ARTICLE VIII  
ORGANIZER**

The name and address of the initial organizer of the limited liability company are as follows:

Michael Trapani

6858 S.W. Wedelia Terrace  
Palm City, Florida 34990

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**ARTICLE IX  
AMENDMENT OF ARTICLES OF ORGANIZATION**

These Articles of Organization may be amended in the manner provided by law. Every proposed amendment to these Articles of Organization shall require the approval of all of the members of this limited liability company.

**ARTICLE X  
OPERATING AGREEMENT**

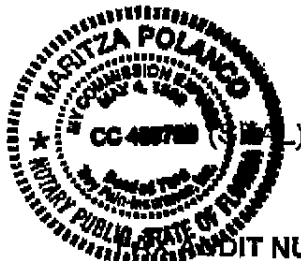
The Operating Agreement for the limited liability company shall be made, amended or rescinded by an affirmative vote (i.e., approval) of all of its members.

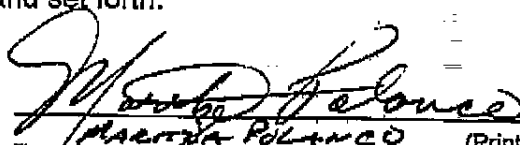
IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal and subscribed to these Articles of Organization at Stuart, Martin County, Florida, this 17 day of March, 1999.

  
Michael Trapani

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of March, 1999 by Michael Trapani, (PLEASE CHECK ONE OF THE FOLLOWING) ☒ who is personally known to me or ☐ who has produced \_\_\_\_\_ (TYPE OF IDENTIFICATION) as identification and who (PLEASE CHECK ONE OF THE FOLLOWING) ☐ did or ☒ did not take an oath. He subscribed the above Articles of Organization, and he did freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.



  
Maritza Polanco (Print Name)  
NOTARY PUBLIC  
My Commission Expires: 5/4/99

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### ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated on the above Articles of Organization, I hereby accept to act in this capacity and agree to comply with the provisions of Florida Law relative to keeping open said office.

  
\_\_\_\_\_  
Michael Trapani  
Registered Agent

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FAX AUDIT NUMBER: H99000006489 1**AFFIDAVIT OF MEMBERSHIP AND CAPITAL CONTRIBUTIONS**STATE OF FLORIDA  
COUNTY OF MARTIN

The undersigned, who is a member of STRATHMORE OF FLORIDA, L.L.C., who being first duly sworn, on oath, deposes, says and declares that the limited liability company has two (2) members and that the capital contributions of the members are as follows:

1. The members have made capital contributions in the following amounts:

Name of MemberAmount of Contribution

Michael Trapani

Cash - \$ \_\_\_\_\_  
Description and agreed value of  
Property other than cash: None\$ -0-

Stephen Scerri

Cash - \$ \_\_\_\_\_  
Description and agreed value of  
Property other than cash: None\$ -0-

2. It is anticipated that the members listed below will make capital contributions in the future in the following amounts:

Name of Limited PartnerAmount of ContributionN/AN/A

Dated:

March 17

1999.

Stuart, Florida

  
Michael TrapaniFAX AUDIT NUMBER: H99000006489 1FILED  
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The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of March, 1999 by Michael Trapani. He (please check one of the following) ☐ is personally known to me or ☐ who has produced \_\_\_\_\_ as identification, and who (please check one of the following) ☐ did or ☐ did not take an oath.



Maritza Polanco  
NOTARY PUBLIC  
Print Name: Maritza Polanco  
My Commission Expires: 5/4/99

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