

L00000009794

Document Number Only

**CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092**

DATE: 8/15

100003357951--6
-08/15/00--01059--009
****125.00 ****125.00

Corporation(s) Name

Willow Acquisitions, L.L.C.

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> <u>LLC Articles</u> | <input type="checkbox"/> Withdrawal | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> UBR | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Ch. RA |
| <input type="checkbox"/> UCC () 1 or () 3 | | |

FILED
00 AUG 15 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*****Special Instructions****

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <small>()arts/ameds/mergers () Other-See Above</small> | | |
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |

RECEIVED
00 AUG 15 AM 11:39
STATE
SECRETARIES
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

*Please Return Filed Stamped
Copies To:*

Jeffrey Butterfield

Thank You!

L00-9794

SA 8/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **WILLOW ACQUISITIONS, L.L.C.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**2036 Washington Street
Hanover, Massachusetts 02339**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324**

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 608, F.S..

Registered Agent's Signature

Connie Bryan

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**WILLOW ACQUISITIONS, INC.,
a Delaware Corporation**

By: *[Signature]*
Michael L. Marcus, President
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 AUG 15 PM 2:00

FILED

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization**
- \$ 25.00 Designation of Registered Agent**
- \$ 30.00 Certified Copy (OPTIONAL)**
- \$ 5.00 Certificate of Status (OPTIONAL)**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
WILLOW ACQUISITIONS, L.L.C.
2. The name and the Florida street address of the registered agent and office are:
CT Corporation System
C/o CT Corporation System, 1200 South Pine Island Road
Plantation, FL 33324

Florida street address (P.O. Box **NOT** ACCEPTABLE)

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 608, F.S..46

CT Corporation System

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 15 PM 2:00

FILED

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)