

L04000083743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

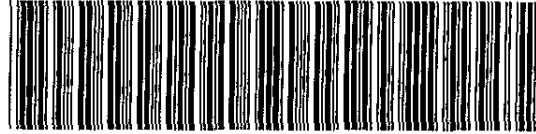
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800042675408

11/12/04--01029--003 \*\*130.00

NOV 12 12 34 PM '04

YESSER  
GLASSON  
& DINEEN

Counselors at Law

John W. Dineen  
John A. Glasson\*  
Roger C. Ross

October 28, 2004

Gary Yesser (1945-1998)

\*also admitted in  
Massachusetts

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: Tamarack North Realty, LLC**

Dear Sir/Madam:

Enclosed please find duplicate original Articles of Organization for filing in connection with the above-referenced company. Also enclosed please find my check in the amount of \$130.00 for the filing fee, and a stamped, self-addressed envelope for the return of a Certificate of Status.

Please do not hesitate to contact me if you have any questions.

Sincerely,

John A. Glasson

JAG/car  
Enclosures

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
OCT 29 12 P 3:46

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tamarack North Realty, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Glasson, Esq.  
(Name of Person)

Yesser, Glasson & Dineen  
(Firm/Company)

One Providence Washington Plaza, Fifth Floor  
(Address)

Providence, Rhode Island 02903  
(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Glasson, Esq. at ( 401 ) 331-3550  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
CORPORATION  
DIVISION  
MAY 12 1994

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tamarack North Realty, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

14 Catalpa Road, Providence, RI 02906

**Mailing Address:**

14 Catalpa Road, Providence, RI 02906

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

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

Joseph Deciantes, Esq.

Name

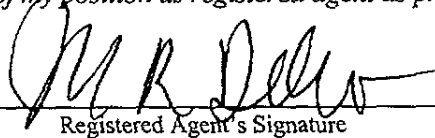
145 East Miami Avenue

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

Venice, Florida 34295

City, State, and Zip

*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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

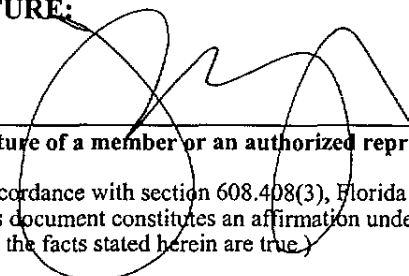
**Name and Address:**

_____	To be determined
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

John A. Glasson, Esq.  
\_\_\_\_\_  
Typed or printed name of signee

RECEIVED  
FEB 12 12 P 3 46

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)