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(Requestor's Name), (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ACCOUNT NO. : 072100000032

REFERENCE :

862074 7487545

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE: April 20, 2007

ORDER TIME : 8:40 AM

ORDER NO. : 862074-005

CUSTOMER NO: 7487545

DOMESTIC FILING

NAME: BALDWIN FLORIDA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	LECRETAL ECCRETATION
The name of the Limited Liability Company is:	TARK P
Baldwin Florida, LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Harbor Development Corp. 23 Central Avenue, Suite 710 Lynn, MA 01901	c/o Harbor Development Corp 23 Central Avenue, Suite 710 Lynn, MA 01901
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re- Corporation Service Company	
Name	
1201 Hays Street	
Florida street add	ress (P.O. Box NOT acceptable)
Tallahassee	FL 32301 nd Zip
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	
By: V \ \ as	its agent

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

By:

ARTICLE IV-Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u> Citle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	
MGR	Jeffrey Gouchberg
	Harbor Development Corp.
	23 Central Avenue, Suite 710 Lynn, MA 61901
	- -
	- -
	<del></del>
Use attachment if necessary)	
EV: Effective date, if other than the octive date is listed, the date must be lays after the date of filing.)	date of filing: (OPTIO specific and cannot be more than five business of
EV: Effective date, if other than the octive date is listed, the date must be lays after the date of filing.)	
EV: Effective date, if other than the elective date is listed, the date must be lays after the date of filing.)  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member  (In accordance with sect of this document constit	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution outes an affirmation under the penalties of perjury
EV: Effective date, if other than the dective date is listed, the date must be lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with sect of this document constituted that the facts stated here.)	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution outes an affirmation under the penalties of perjury erein are true.)

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

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