

# L 14000075974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

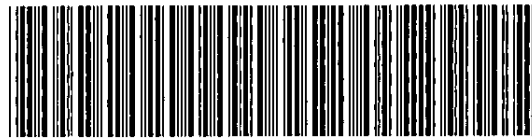
(Business Entity Name)

(Document Number)

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

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05/12/14--01001--002 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
CORPORATION DIVISION  
2014 MAY -9 PM 2:58  
TO AGENCY OF FILING  
SUFFICIENCY OF FILING

FILED  
2014 MAY -9 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 12 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        KATIE WONSCH

**DATE:**            05/09/2014

**REF. #:**           4461587.9140446

**CORP. NAME:**   5606 HOLMES BLVD LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70020066 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

FILED  
2014 MAY -9 AM 8:27  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
5606 HOLMES BLVD LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company (the “Company”) is **5606 Holmes Blvd LLC.**

**ARTICLE II – Address:**

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

Principal Office Address:  
222 Middlesex Road  
Buffalo, New York 14216

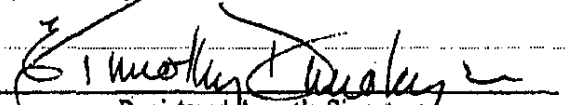
Mailing Address:  
222 Middlesex Road  
Buffalo, New York 14216

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

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

E. Timothy Danaby III  
70 Capstan Drive  
Placida, Florida 33946

*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 605, F.S.*

  
Registered Agent's Signature

**ARTICLE IV – Authorized Persons:**

The name and address of each person authorized to manage and control the Company is:

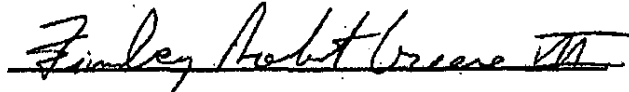
Title:  
AMBR

Name and Address:  
Finley Robert Greene III  
222 Middlesex Road  
Buffalo, New York 14216

AMBR

E. Timothy Danahy III  
70 Capstan Drive  
Placida, Florida 33946

**REQUIRED SIGNATURE:**



(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Finley Robert Greene III, Member