

Florida Department of State
Division of Corporations
Electronic Filing System
L18000358998

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000358998 3)))



H180003589983ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
18 DEC 19 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.
Account Number : I19980000054
Phone : (850)681-6528
Fax Number : (850)681-6011

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Bowling cop @ rol.com

**FLORIDA LIMITED LIABILITY CO.
15449 Lakes of Del Ray, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

DEC 20 2016
C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ((H18000358998 3)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

15449 Lakes of Del Ray, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

99 Cedarwood Lane
Newington, CT 06111

99 Cedarwood Lane
Newington, CT 06111

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| | | |
|---|----------------|--------------|
| <u>NRAI Services, Inc.</u> | | |
| Name | | |
| <u>1200 South Pine Island Road</u> | | |
| Florida street address (P.O. Box <u>NOT</u> acceptable) | | |
| <u>Plantation,</u> | <u>Florida</u> | <u>33324</u> |
| City | State | Zip |

SECRETARY OF STATE
ATTORNEY GENERAL
FLORIDA

18 DEC 19 AM 9:51

FILED

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.

NRAI Services, Inc.

By:

Ed Hand
Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H18000358998 3)))

((H18000358998 3))

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
Frederick H. Callahan, III
99 Cedarwood Lane
Newington, CT 06111


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 601.0203 (1) (b), Florida Statutes.
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.
Robert A. Scalise, Jr.

Typed or printed name of signer

FILED
18 DEC 19 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

((H18000358998 3))