

LO30000 21927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

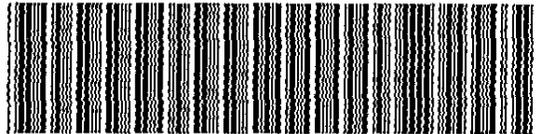
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 12 PM 1:42

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LEWIS RINDER, P. A.

ATTORNEY AT LAW
700 COLORADO AVENUE
STUART, FLORIDA 34994

Post Office Box 616
PALM CITY, FLORIDA 34991

TEL (772) 283-2221

FAX (772) 283-2221

June 10, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Articles of Organization
PRIME CLAYTON PROPERTIES LLC

Dear Sir:

Enclosed please find the Articles of Organization and resident agent designation for **PRIME CLAYTON PROPERTIES LLC**.

Please file this document and return your acknowledgment of filing to me at the above address. A certified copy of the Articles is not required at this time.

Also enclosed is a check in the amount of \$125.00 to cover your fees in this matter.

Your assistance in this matter is greatly appreciated.

Very truly yours,



LEWIS RINDER

LR/cjr
Enclosures

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STATE DEPT. OF
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prime Clayton Properties -LLC

ARTICLE II - Address:

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

160 Church Street, West Roxbury, Massachusetts 02132

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

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

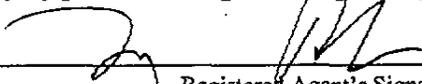
Lewis Rinder, Attorney
Name

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

Stuart FL 34994
City, State, and Zip

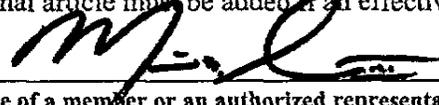
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 TALLAHASSEE FLORIDA

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

(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.)

Maurice H. Sullivan, III

 Typed or printed name of signee

- 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)