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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ 90 Watercolor Blvd. East, LLP (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:

Dean G. Robinson, Esq.

(Name of Person)

John B. Reilly & Associates

(Firm/Company)

Summit West - Ste. 330 300 Centerville Road

(Address)

Warwick, Rhode Island 02886

(City/State and Zip Code)

For further information concerning this matter, please call:

Dean G. Robinson, Esq.at (401)739-1800(Name of Person)(Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2003

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DEAN G. ROBINSON JOHN B. REILLY & ASSOCIATES 300 CENTERVILLE ROAD SUMMIT WEST STE. 33 WARWICK, RI 02886

SUBJECT: 90 WATERCOLOR BLVD. EAST, LLP Ref. Number: W03000022763

We have received your document for 90 WATERCOLOR BLVD. EAST, LLP and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 303A00045892

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

90 Watercolor Blvd. East, 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:
201 Smolian Circle	112 Benefit Street
Sea Side, FL 32549	Providence, RI 02906
	<u></u>

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

The name and the Florida street address of the registered agent are: Steven Sciarretta Name 2300 Glades Road, #302 East Florida street address (P.O. Box NOT acceptable) 33431 Boca Raton, 80 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)

Page1 of2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	••	· · ·
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(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.)

Dean G. Robinson

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

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- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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