

1-03000049793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

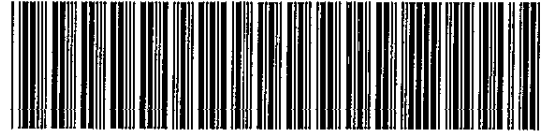
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SALTER MCGOWAN SYLVIA & LEONARD INCORPORATED

ATTORNEYS AT LAW

ALSO ADMITTED IN:
MASSACHUSETTS & FLORIDA

E-MAIL ADDRESS:
ALEONARD@SMSELLAW.COM

THE HERITAGE BUILDING
321 SOUTH MAIN STREET
PROVIDENCE, RI 02903
TEL (401) 274-0300
FAX (401) 453-0073

November 19, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: 2820 East Colonial Drive, LLC (the "LLC")

Dear Sir/Madam:

This letter is to transmit for filing the enclosed Articles of Organization regarding the LLC along with a check in the amount of \$125.00 to cover the filing costs.

Please forward a letter of acknowledgment to this office upon the filing of the same.

If you have any questions or comments regarding this matter do not hesitate to contact me.

Yours truly,

Arthur J. Leonard/imm

Arthur J. Leonard

AJL/Imm

Encs.

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2820 EAST COLONIAL DRIVE, LLC
(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:

Arthur J. Leonard, Esq.

(Name of Person)

Salter McGowan Sylvia & Leonard, Inc.

(Firm/Company)

321 South Main Street, Suite 301

(Address)

Providence, Rhode Island 02903

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Marcello, Paralegal

(Name of Person)

at (401) 274-0300

(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2820 EAST COLONIAL DRIVE, LLC

ARTICLE II - Address:

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

Principal Office Address:

7 Mayfield Street

Greenville, RI 02828-2917

Mailing Address:

7 Mayfield Street

Greenville, RI 02828-2917

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

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

Michael E. Picard

Name

7569 Park Springs Circle

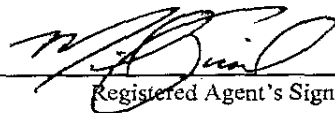
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32835

FL

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)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Edward J. Picard

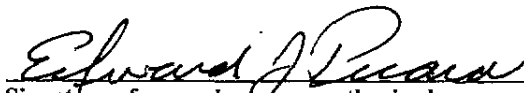
7 Mayfield Street

Greenville, RI 02828-2917

(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.)

Edward J. Picard

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)

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