

L04000028592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200032586112

04/15/04--01001--006 \*\*125.00

RECEIVED  
04 APR 14 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

js

RECEIVED  
04 APR 14 PM 3:27  
DIVISION OF CORPORATIONS  
STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN  
PICK UP 4/14 (TS)

CERTIFIED COPY

CUS

✓ PHOTO COPY

✓ FILING LLC

1.) KDPL Realty, LLC  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

FILED  
04 APR 14 PM 3:53  
STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KDPL Realty, 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:**

PO BOX 305

SAME

SOUTH WEYMOUTH, MA 02190

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

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

Paracorp Incorporated

Name

236 East 6th Ave

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

Tallahassee FLORIDA 32303

City, State, and Zip

04 APR 14 PM 3:53  
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, Florida Statutes..*

  
Registered Agent's Signature

Assistant Secretary for Paracorp

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

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

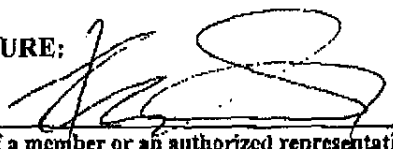
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMKarl BouldoukianPO BOX 305South Weymouth, MA 02190MGRMDavid T. Castricone7 Hillside RdBoxford, MA 01921MGRLettie BouldoukianPO BOX 305South Weymouth, MA 02190MGRPatti J. Castricone7 Hillside RdBoxford, MA 01921

(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.)

Frances Severe

Typed or printed name of signer

**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)

FILED  
04 APR 14 PM 3:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE