# L04000038333

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT,	MAIL
(Bu	siness Entity Name	e)
(Dod	cument Number)	
Certified Copies	Certificates,	of Status
Special Instructions to I	Filling Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDS

RECEIVED
HMAY 20 FK 2: 46



ACCOUNT NO. : 072100000032

REFERENCE: 664975 7159827

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : May 19, 2004

ORDER TIME : 11:42 AM

ORDER NO. : 664975-005

CUSTOMER NO: 7159827

CUSTOMER: Mr. John Carroll

John Carroll Attorney At Law

4 Courthouse Lane

Chelmsford, MA 01824

### DOMESTIC FILING

NAME:

ABC, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ABC, LLC		e	
ARTICLE II - A	Address:		O'P
The mailing add	ess and street	address of the pri	ncipal office of the Limited Liability Company
Principal Office	Address:		Mailing Address:
1021 Lewis Cov	re Road		c/o John Byrne Carroll
Delray, FL 33483			4 Courthouse Lane
			Chelmsford, MA 01824
ADTICI E III	_	•	Office, & Registered Agent's Signature:
		ion Service Com	pany
		ion <u>Serviçe</u> Com Name	pany .

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..

City, State, and Zip

Tallahassee

Poration Service Company

Brian Courtney

Registered Agent's Signamest. V. Pres.

FLORIDA

32301

Page 1 of 2 (CONTINUED)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	John Byrne Carroll
	4 Courthouse Lane
	Chelmsford, MA 01824
	and the second s
<u> </u>	·
	·- <u></u>
	· ·
·	e til sa
	Service Servic
(Classic Land Company)	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
	(111
REQUIRED SIGNATURE: / /	′
/ //	1/ // S-20.20M
51-4-55-3-1-1-1-1	authorized representative of a member.
	·
(In accordance with section 60	8.408(3), Florida Statutes, the execution
that the facts stated herein are t	affirmation under the penalties of perjury rue.)
By: Joh	n Byrne Carroll , Duly Avanual D
	nated 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)