

L09000043264

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000121487 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (212)564-6083

LIMITED LIABILITY COMPANY

22 VIA DE LUNA, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

RECEIVED
04 JUN -8 PM 12:39
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 10:16

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

22 Via de Luna, 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:

25 Williams Street

c/o John Anthony

Pittsfield, Massachusetts 01201

25 Williams Street

Pittsfield, Massachusetts 01201

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

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

National Corporate Research, Ltd., Inc.

Name

103 N. Meridian Street

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

Tallahassee

FLORIDA 23201

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, Florida Statutes.

Ida Borovoy
Registered Agent's Signature
Ida Borovoy, Asst. Secy.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 10:16

(H04000121487 3)

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

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| <u>Manager</u> | <u>Christian J. Anthony</u> <u>494 Broadway - 2nd Floor</u> <u>New York, New York 10012</u> |
| <u>Manager</u> | <u>Jason Klein</u> <u>494 Broadway - 2nd Floor</u> <u>New York, New York 10012</u> |
| <u>Manager</u> | <u>Margaret Anthony</u> <u>26 Williams Street</u> <u>Pittsfield, Massachusetts 01201</u> |
| <u>Manager</u> | <u>John Anthony</u> <u>26 Williams Street</u> <u>Pittsfield, Massachusetts 01201</u> |

(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.)

Christian J. Anthony, Manager
Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN - 8 AM 10:16

- 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)

(H04000121487 3)