Electronic Filing Cover Sheet

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(((H050001119773)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number: 120000000088 Phone

: (800)221-0102

Fax Number

Account Name

: {212}564-6083

LIMITED LIABILITY COMPANY

MA-BO REALTY, LLC

Certificate of Status 0 Certified Copy ī Page Count 02 Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

5/2/2005

MAY. 2. 2005 10:48AM SCOLARO, SHULMAN&COHEN

NO. 9493 P. 3 H05000111977 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
MA-BO 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:		
465 Glenwood Avenus	485 Glenwood Avenue		
Satellite Beach, FL 32937	Satellite Beach, FL 32937		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida sweet address of the registered agent are: Barbara Boyens Name			
465 Glenwood Avenue			
Florida street address (P.O. Box NOT acceptable)			
Satellite Beach, FI 32937			
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, E.S.			
Bachara Registered Agent's	Basens	FILL HAY -2 AL	
· (CONTIN	UED)	M 9: 42	

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MAY. 2.2005 (MON) 04:47 MAY. 2.2005 10:48AM National Corporate Research
SCOLARO, SHULMAN&COHEN

(FAX) 518 434 2771

P. 003/003

NO. 9493 P. 4

H05000111977 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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Anthony F. Massi 14 Pheasant Way Ithaca, NY 14850
MGRM	Amelia R. Massi 14 Pheasant Way Ilhaca, NY 14850
MGRM	Barbara Boyens 465 Glenwood Avenue Satellite Beach, FL 32937
(Use attachment if necessary)	
(In accordance with section	an authorized representative of a member. 608.408(3). Florida Statutes, the execution an affirmation under the ponalties of perjury

Filine Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

Page 2 of 2

Stawart M. McGough
Typed or printed name of signes