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ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION : THE PROPERTY OF THE PARTY OF TH COST LIMIT : \$ 130.00 ORDER DATE: September 13, 2005 ORDER TIME : 9:14 AM ORDER NO. : 594461-005 CUSTOMER NO: 4353716 CUSTOMER: Cerise Jalelian, Esq. Regnante, Sterio & Osborne Edgewater Office Park 401 Edgewater Place, #630 Wakefield, MA 01880 DOMESTIC FILING NAME: CBP PROPERTIES, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLANDS CO. T. CANGE IN

ARTICLE I - Name:

The name of the Limited Liability Company is:

CBP Properties, 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:
5040 Harmony Circle	23 Forest Edge Road
Unit 102	South Easton, MA 02375
Vero Beach, FL 32967	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Corporation Service	e Company	
Name		
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Tallahassee	FLORIDA 32301	
City, S	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..

Registered Agent's Signature

ROBERT BLANCH LOST V. P.

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
INCIONAL INMINISTRATION	
MGR	James B. Carroll
	23 Forest Edge Road
	South Baston, MA 02375
(Use attachment if necessary)	
•	
NOTE: An additional article mus	t 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.)

By: James E. Carroll, Manager

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)