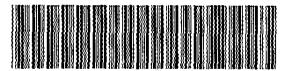
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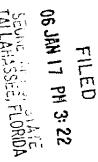
(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	
		1
<u> </u>		





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AL COMPANY SANCES OF COMPANY

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Stage 1			<u>-</u>
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Heather Mu	urray		
	(Name of Person)	Ÿ
Stage 1 Ve	ntures, LLC		
	((Firm/Company)	-
13708 Sta	ghorn Road		
		(Address)	
Tampa, Fl	orida 33626		
<u></u>	(City	/State and Zip Code)	
For further information concerning this matter, please call:			
Jonathan Gordor	1	at (617) 794-892	6
(Name	of Person)	(Area Code & Daytime Te	
Enclosed is a check fo	or the following amount:		
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns —

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stage 1 Ventures, LLC				
(Must end with the words "Limited Liability Company,"	'Limited Company" or their abbreviation "LLC,"	or "L.C.,")		
ARTICLE II - Address:				
The mailing address and street address of t	he principal office of the Limited Lia	bility Com	ipany	is:
Principal Office Address:	Mailing Address:			
13708 Staghorn Road	13708 Staghorn Road			
Tampa, Florida 33526	Tampa, Florida 33626			
ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Heather Murray	Registered Agent. You must designate an individ	Signature SECINETIAN DE DI ATE TALLAHASSEE, FLORIDA	06 JAN 17	-1 1
Name SS		SSE SSE	17	FL
13708 Staghorn Road		ਜ਼੍ਰੇ ਜ਼੍ਰਿਟ	PM	ED
Florida stre	et address (P.O. Box NOT acceptable)	₽ <u>₽</u>	3: 22	
Tampa, Florida 33626 City, S	FL tate, and Zip	AON A	22	
	-			

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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	Name and Address:
"MGRM" = Managing Member	
MGRM	Jonathan Gordon
	80 Hope Avenue, Unit 303
	Waltham, MA 02453
MGRM	David W. Baum
	214 Walnut Street
	Wellesley, MA 02481
	
	
(Use attachment if necessary)	
ADTICLE Ve Effective data if other than	d. 1.1. CCU (OPTIONIAL)
(If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
may arrest the trace of innig.)	
<u>REQUIRED</u> 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.)

Jonathan Gordon

Typed or printed name of signee

Filing 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)

GREIBAL OF SLATE