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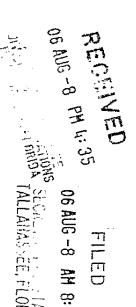
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (S Muss Lav) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Fictitious Name

Reinstatement

Name Reservation

UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P

HOLD

FOR PICKUP BY

UCC SERVICES

OFFICE USE ONLY

August 8, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

650 West Avenue, L.L.C.

| | Filing Evidence □ Plain/Confirmation Copy | _Type of Document ☐ Certificate of Status |
|----------|--|--|
| | ⊠ Certified Copy | ☐ Certificate of Good Standing |
| | | □ Articles Only |
| | Retrieval Request Photocopy Certified Copy | □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other |
| | NEW FILINGS | AMENDMENTS |
| | Profit | Amendment |
| | Non Profit | Resignation of RA Officer/Director |
| х | Limited Liability | Change of Registered Agent |
| | Domestication | Dissolution/Withdrawal |
| | Other | Merger |
| | | |
| | OTHER FILINGS | REGISTRATION/QUALIFICATION |
| <u> </u> | Annual Reports | Foreign |
| | | |

Limited Liability

Reinstatement

Trademark

Other

ARTICLE I - Name:

2033271731 FAX NO. 2033271731

ARTICLES OF ORGANIZATION-FOR-FLORIDA-LIMITED-LIABILITY-COMPANY

| The name of the Limited Liability Company is: | : | |
|--|---|---|
| 650 West Avenue, L.L.C. (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Li | and the second weath in alphanulation of 1 C 2 months for the | |
| (with the will the words change change company, company, | Et Company of their audieviation Dixt, in C.C., 7 | |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 158 Main Street | 158 Main Street | |
| Wickford, Rhode Island 02852 | Wickford, Rhode Island 02852 | _ |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | stred Agent. You must designate an individual or another | |
| The name and the Florida street address of the | registered agent are: | |
| NRAI Services, Inc. | EAST G. T | |
| Name | <u> </u> | |
| 2731 Executive Park D Florida struct ad- | Orive, Suite 4 dress (P.O. Box NOT acceptable) | |
| Weston, Florida 33331 City, State, | | |

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..

(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:

| MGRM | Gerard O'Halloran 158 Main Street Wickford, Rhode Island 02852 |
|-------------------------------|--|
| MGRM | Mary Ann O'Halloran |
| | 158 Main Street Wickford, Rhode Island 02852 |
| | |
| (Use attachment if necessary) | |

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

Robert A. DeVellis, Esq., Authorized Representative
Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)