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(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	Cip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	icer:
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08 DEC 15 AH 10: 31

FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

DEC 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
_{subject:} Floebu	ick LLC			
SUBJECT: 1 100DC		ed Liability Compa	iny)	
Missississis Audiston C	O	l	_	
	Organization and fee(s) are s			
Please return all correspo	ondence concerning this matt	er to the following	:	
Helen Pra			<u> </u>	
	•	(Name of Person)		
		(Firm/Company)		
53 Sears	Road			
		(Address)		
Wayland,	MA 01778			
		y/State and Zip Code)	
For further information c	oncerning this matter, please	call:		
Helen Prague	2	at (617	571-800	16
	of Person)	at ((Area Code	& Daytime Tele	ohone Number)
Englosed is a check for	the following amount:			
	\$130.00 Filing Fee &	□\$155.00 Filin	a Eag & [7]	\$160.00 Filing Fee,
	Certificate of Status	Certified Cop	by —	Certificate of Status &
		(additional copy	is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section		urier Address on Section	
	Division of Corporations P.O. Box 6327	Division of Clifton B	of Corporations	
	Tallahassee, FL 32314		cutive Center Ci	

PRAGUE & COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

Twenty Walnut Street, Suite 318
Wellesley, Massachusetts 02481
(781) 237-5555 x 2 FAX (781) 237-7779
nancy@praguecpalaw.com

VIA FEDERAL EXPRESS 7971 7879 8765

- MEMORANDUM -

TO:

Florida Department of State

Division of Corporations

FROM:

Nancy A. Aviles

DATE:

December 12, 2008

RE:

Floebuck LLC

Enclosed please find the following to form a Florida limited liability company:

- · Cover Letter;
- Articles of Organization (in duplicate);
- \$160 check for filing fee, certificate of status & certified copy.

Please return the certificate of status and certified copy to me in the enclosed pre-labelled Federal Express envelope.

If you have any questions, please call me directly at (781) 237-5555 x 2.

Thank you very much for your assistance with this matter.

Enclosure(s): As Stated

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name: The name of the Limited Liability Company is:				
	ren'y to			
Floebuck LLC				
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LI.C.")			
ARTICLE II - Address:				
The mailing address and street address	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
53 Sears Road	53 Sears Road			
Wayland, MA 01778	Wayland, MA 01778			
The name and the Florida street address Richard Chia	•			
3249 Wymbe	erly Drive			
Florida	street address (P.O. Box NOT acceptable)			
Jupiter, FL 3	3458 _{FL}			
Cit	y, State, and Zip			
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S., at's Signature (REQUIRED)			
Reported Zeen	a signature (responses)			

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

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	Helen E. Prague
	53 Sears Road
	Wayland, Massachusetts 01778
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA
ffective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business day
days after the date of fining.)	
REQUIRED SIGNATURE:	
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.)

Helen E. Prague

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)