

L09000057286

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BATTAGLIA ROSS CORPORATE  
Account Number : I20000000275  
Phone : (727) 381-2300  
Fax Number : (727) 343-4059

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09 JUN 12 AM 4:03  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bone Mountain Florida, LLC

Certificate of Status	1
Certified Copy	0
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J. BRYAN  
JUN 15 2009  
EXAMINER

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**ARTICLES OF ORGANIZATION  
FOR  
BONE MOUNTAIN FLORIDA, LLC  
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BONE MOUNTAIN FLORIDA, LLC**

**ARTICLE II- Address:**

The mailing address and Street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

190 West St.  
Litchfield, CT 06759

**Mailing Address:**

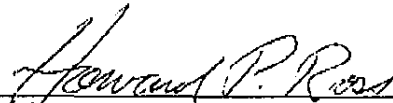
190 West St.  
Litchfield, CT 06759

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Resident Agent Corporation of Pinellas County, Inc.  
980 Tyrone Blvd.  
St. Petersburg, FL 33710

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  
Howard P. Ross, Vice-President

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

Title:

Name and Address:

MGR & Member

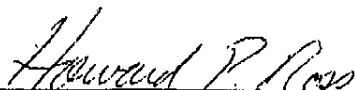
Mark Marchionni  
190 West St.  
Litchfield, CT 06759

Member

Darren Fehring  
190 West St.  
Litchfield, CT 06759

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



HOWARD P. ROSS, Vice-President of Resident Agent Corporation of  
Pinellas County, Inc.

(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.)

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