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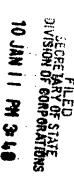
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EXAMINER



FLORIDA FILING & SEARCH SERVICES, INC.

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NAME:

CUTLERWOOD PROPERTY LLC

TYPE OF FILING: ARTICLES OF ORGANZIATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

The name of the Limited	NIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Liability Company is:
	Cutlerwood Property LLC
(Must end v	ith the words "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and	street address of the principal office of the Limited Liability Company i
Principal Office Addres	S: Mailing Address:
120 Wells Avenue Newton, MA 02459	120 Wells Avenue Newton, MA 02459
	red Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company business entity with an active F	cannot serve as its own Registered Agent. You must designate an Individual or another
(The Limited Liability Company business entity with an active F	cannot serve as its own Registered Agent. You must designate an individual or another orida registration.)
(The Limited Liability Company business entity with an active F	cannot serve as its own Registered Agent. You must designate an individual or another orida registration.) a street address of the registered agent are:
(The Limited Liability Company business entity with an active F	cannot serve as its own Registered Agent. You must designate an individual or another orida registration.) a street address of the registered agent are: NRAI Services, Inc. Name
(The Limited Liability Company business entity with an active Fi	cannot serve as its own Registered Agent. You must designate an individual or another orida registration.) a street address of the registered agent are: NRAI Services, Inc.
(The Limited Liability Company business entity with an active F.) The name and the Florida	cannot serve as its own Registered Agent. You must designate an individual or another orida registration.) a street address of the registered agent are: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4

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)

William L. De Napoli, Assistant Secretary

(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>		Name and Address:	
"MGR" = Manage			
"MGRM" = Mana	iging Member		
MGR		Steven Robbins	
		120 Wells Avenue	
		Newton, MA 02459	
	 -		
	-		
			,
	-		
(Use attachment is	f necessary)		
ARTICLE V: Effective d	ate, if other than the date	of filing:	(OPTIONAL)
(If an effective date is liste	ed, the date must be spe	ecific and cannot be more than five b	usiness days prior
to or 90 days after the dat	te of filing.)		
REQUIRED SIG	NATURE:		•
	1	R Kremyn	
	Signature of a member or	an authorized representative of a member	- •
	On accordance with section	608.408(3), Florida Statutes, the execution	•
	of this document constitutes that the facts stated herein a	s an affirmation under the penalties of perjury	y
		R. Brennan	
		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)