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EXAMINER



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DETAGTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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SECRETARY OF STATE CONFORATIONS



ACCOUNT NO. : I2000000195
REFERENCE: 716382 7665949
AUTHORIZATION:
COST LIMIT: \$ 125
ORDER DATE: March 22, 2011
ORDER TIME : 1:41 PM
ORDER NO. : 716382-005
CUSTOMER NO: 7665949
DOMESTIC FILING
NAME: ROCKETT BOULEVARD PROPERTIES,
LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Harry B. Davis - EXT. 2926
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ANTICES OF ONOMIZATION FOR F	CORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	ريخ المراجعة
The name of the Limited Liability Company is	3:
Rockett Boulevard Properties, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10100 Rockett Boulevard	10100 Rockett Boulevard
Orlando, MA 32824-8565	Orlando, MA 32824-8565
ARTICLE III - Registered Agent, Registere	d Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Corporation Service Compa	ny
Name	
1201 Hays Street	
	dress (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32301
City, St	ate, and Zip
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
	y. I further agree to comply with the provisions of all
	erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (RECHRED)
ROBERT BRANCH, HST

Page 1 of 2

Corporation Service Company

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John McQuillan, Jr. c/o Triumvirate Environmental, Inc. 6 Inner Belt Road, Somerville, MA 02143
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must have after the date of filing.)	e date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	e date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business let of an authorized representative of a member. 8/408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Imagion submitted in a document to the Department of State may as provided for in s.817.155, F.S.) 1. Authorized Person
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business let of an authorized representative of a member. 8/408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Imagion submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

Page 2 of 2