L 11000052815

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500207178775

GEPARITIENT OF STATE DIVISION OF CORPORATIONS TALLAMASSEE, FLORIDA RECEIVED

B. KOHR

MAY - 5 2011

EXAMINER

11 MAY-4 AM 8: 06



ACCOUNT NO. : I2000000195

REFERENCE: 767110 7561865

AUTHORIZATION ...

COST LIMIT :(

ORDER DATE : May 4, 2011

ORDER TIME : 3:22 PM

ORDER NO. : 767110-005

CUSTOMER NO: 7561865

DOMESTIC FILING

NAME: RP 109-2B, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations	· .
	ECT: RP 109-2B, LLC	
SUBJ	27021	ited Liability Company
The er	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Andrew Branz, Esq.	
		Name of Person
	Andrew Branz, Attorney a	nt Law
		Firm/Company
	800 South Street, Suite 30	0
	1-	Address
	Waltham, MA 02453	
		ty/State and Zip Code
	abranz@branzlaw.com	
	E-mail address: (to be used	for future annual report notification)
For fu	rther information concerning this matter, pleas	ee call:
Andı	rew Branz	at (781) 547-8550
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
\$125.00	Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:

The name of the Limited Liability Company is:

RP 109-2B, LLC

(Must end with 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 is:

Principal Office Address:	Mailing Address:	
B6 Worcester Street, #4	86 Worcester Street, #4	
Boston, MA 02118	Boston, MA 02118	_
		_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee
FL 32301
City, State, 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 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..

Troy Todd as its agent

Registered Agent's Signature (REQUIRED)

(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:

Title:	Name and Address:
"MGR" = Manager	1 and
"MGRM" = Managing Me	moer
MGR	Douglas A. Barlow Jr.
	86 Worcester Street, #4
	Boston, MA 02118
MGR	William Linn Staton III
	86 Worcester Street, #4
	Boston, MA 02118
	
·	
(Use attachment if necessa	ry)
OTHER TO A PERSON AND A SECOND	(ODTIONAL)
	ner than the date of filing: (OPTIONAL)
or 90 days after the date of filin	ate must be specific and cannot be more than five business days prior
or 90 days after the date of finn	g.,
REQUIRED SIGNATUR	Œ;
An	releis Barlens
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 penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Douglas A. Barlow Jr.

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)