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Certified Copies	Certificates	of Status
Special Instructions to F		
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

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**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: CLW Bastow, LLC  Name of Limited Liability Company	<del></del>				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:	,				
Barry Greenfield Name of Person					
CLW Realty GROUP					
4301 Anchor Plaza PKwy Ste 40	0				
Tampa, FL 33634 City/State and Zip Code					
Bareenfield@ CIWRG. com  Banail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Barry Green field at (813) 349-8360  Name of Person Area Code & Daytime Telephone Num	ber				
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified	D) Filing Fee, sate of Status & ed Copy sal copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CLW Boston, LLC (Must end with the words "Limited Liability Company, "L.L.	
(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 Ad	dress:
150 Royall Street 4301 Ste 4 Canton, MA 02021 Tamp	Anchor Plaza PKwy
Canton, MA 02021 Tamp	a, FL 33634
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Registered Agent. You no business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager  Barry Greenfield Name  430   Anchor Plaza f Florida street address (P.O. Box f City, State, and Zip  Having been named as registered agent and to accept service	Kwy Ste 400 10T acceptable)
liability company at the place designated in this certificate, registered agent and agree to act in this capacity. I further ag statutes relating to the proper and complete performance of accept the obligations of my position as registered agent as	I hereby accept the appointment as ree to comply with the provisions of all ny duties, and I am familiar with and
Bour Ann Will	SEC IVISION N
Registered Agent's Signature (REQUIREI	8 P
(CONTINUED)	ORPORA
Page 1 of 2	

ARTICLE :	IV-	Mana	ger(s)	or	Managing	Mem	ber(	s):	•
cm:									r

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

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	
MGRM	Richard Bradbury 7 Morse Drive Medfield, MA 02052	
MGRM	Low Varsames 4301 Anchor Plaza P Tampa, FL 33634	Kwy Ste 400
MGRM	Douglas Rothschild 4301 Anchor Plaza PK Tampa, FL 33634	wy ste 400
(Use attachment if necessary)  ARTICLE V: Effective date, if other the constitution of the date is listed, the date is or 90 days after the date of filing.)	nan the date of filing: must be specific and cannot be more than five l	. (OPTIONAL) business days prior
REQUIRED SIGNATURE:		
	arry Arenbell	_
(In accordance with sec constitutes an affirmati I am aware that any fal	tion 608.408(3), Florida Statutes, the execution of this do number the penalties of perjury that the facts stated here se information submitted in a document to the Department of the facts as provided for in s.817.155, F.S.)  Barry Green Field  Typed or printed name of signee	scument sin are true.  ont of State  11 AUG 29
\$125.00 Filing Fee for Articles of Registered Agent	of Organization and Designation	ORPOR
\$ 30.00 Certified Copy (Option	1al)	Z AZ
\$ 5.00 Certificate of Status (C		