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EXAMINER



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TO:	Registration Section Division of Corporations	
SUBJI	ECT: 55 Town Square, LLC	· · - · - · - · - · - · - · · · ·
	Name of Limi	ted Liability Company
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Katelyn Sigler	Name of Person 25 Firm/Company 32
		Name of Person
	Agora, Inc.	່ ທ້
		Firm/Company
	14 W. Mount Vernon Pl.	
		Address
	Baltimore, MD 21201	
		ty/State and Zip'Code
	ksigler@agora-inc.com	·
	E-mail address: (to be used	for future annual report notification)
For fu	ther information concerning this matter, pleas	e call:
Kate	lyn Sigler	at (410) 864 2525
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:	_
√ \$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is: 55 Town Square, 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:** Town Square Building 14 W. Mt. Vernon Place 55 NE 5th Avenue Baltimore, MD 21201 Delray Beach, FL 33444 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: Matthew J. Turner 55 NE 5th Avenue Florida street address (P.O. Box NOT acceptable) Delray Beach FL 33444 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

	,	
(Use attachment if necessary)		
LE V: Effective date, if other than the date of filing:		. (OPTION

REQUIRED SIGNATURE:

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. 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.)

Matthew J. Turner

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)