

L13000012344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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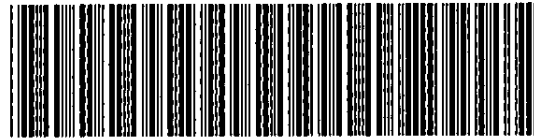
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JAN 24 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 504582-7683500

AUTHORIZATION :

Signature

COST LIMIT : \$ 125.00

ORDER DATE : January 23, 2013

ORDER TIME : 11:09 AM

ORDER NO. : 504582-010

CUSTOMER NO: 7683500

DOMESTIC FILING

NAME: SOAKS MANAGEMENT, 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: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS:

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TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soaks Management, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian M. Flaherty, Esq.

Name of Person

Robinson & Cole LLP

Firm/Company

One Boston Place, 25th Floor

Address

Boston, MA 02108

City/State and Zip Code

rvmrh@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian M. Flaherty, Esq. at 617 557-5932

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Soaks Management, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

c/o Growing Well Partners
60 State Street, Suite 700
Boston, MA 02109

Mailing Address:

c/o Growing Well Partners
60 State Street, Suite 700
Boston, MA 02109

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

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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, Florida Statutes.

x Carina L. Dunlap
Registered Agent's Signature

Carina L. Dunlap
Asst. Vice President

(CONTINUED)

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

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGR

Rolando Rabines
c/o Growing Well Partners
60 State Street, Suite 700
Boston, MA 02109

MGR

Steven Levy
9 Crown Ridge Road
Wellesley, MA 02482

REQUIRED SIGNATURE:

x Rolando Rabines

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.)

Growing Well Partners LLC, Member; By: Rolando Rabines, Its Manager

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)