

# L 13000128207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

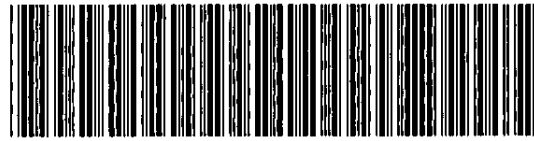
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 SEP 10 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
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13 SEP 10 PM 12:40

K. SALY  
EXAMINER  
SEP 11 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 794842-4801729

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 125.00

ORDER DATE : September 10, 2013

ORDER TIME : 12:59 PM

ORDER NO. : 794842-005

CUSTOMER NO: 4801729

DOMESTIC FILING

NAME: FLORIDA SPRINGS RESIDENTIAL,  
LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA SPRINGS RESIDENTIAL, 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:

**David F. O'Meara, Paralegal**

Name of Person

**Robinson & Cole LLP**

Firm/Company

**280 Trumbull Street**

Address

**Hartford, CT 06103**

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:

**David F. O'Meara**

Name of Person

at ( **860** ) **541-2722**

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Florida Springs Residential, 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 LLC  
60 State Street, Suite 700  
Boston, MA 02109

**Mailing Address:**

c/o Growing Well Partners LLC  
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**

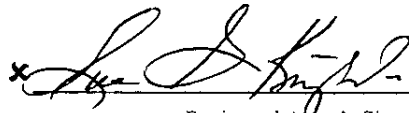
Florida street address (P.O. Box **NOT** acceptable)

**Tallahassee, FL 32301**

City, State, and Zip

FILED  
13 SEP 10 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*



Registered Agent’s Signature

**Sue G. Knight  
Assistant Vice President**

**(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:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

MGR

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

**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

**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)**