

#L13000128207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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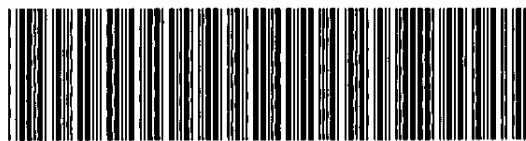
(Business Entity Name)

(Document Number)

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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 :

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
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX 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

rvrmrh@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)

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)