

L13000135257

9/2013 9:54:47 From: 8506116383

Division of Corporation

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5368

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Atlantic Retail Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

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K. SALY
EXAMINER
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850-617-6381

9/24/2013 9:48:18 AM PAGE: 1/001 Fax Server



September 24, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: ATLANTIC RETAIL FLORIDA, LLC
REF: W13000052928

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

The last page is not acceptable for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H13000211355
Letter Number: 013A00022358

RE-SUBMIT
Please submit original filing
date of submission 9/23

P.O BOX 6327 - Tallahassee, Florida 32314

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Atlantic-Retail-Florida, 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:

Michael Piccirillo

Name of Person

Atlantic Retail Properties

Firm/Company

67 Batterymarch Street, 6th Floor

Address

Boston, MA 02110

City/State and Zip Code

mpiccirillo@atlanticretail.com

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

For further information concerning this matter, please call:

Michael Piccirillo

Name of Person

at **617** **239-3635**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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:

Atlantic Retail Florida, 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:

67 Batterymarch Street, 8th Floor
Boston, MA 02110

Mailing Address:

67 Batterymarch Street, 8th Floor
Boston, MA 02110

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SALVIA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

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TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):
 The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGM" = Managing Member	
<u>MGM:</u>	<u>Bryan W. Anderson</u>
	<u>61 Bayberry Street, 6th Floor</u>
	<u>Boston, MA 02110</u>

Other attachment (if necessary):

ARTICLE V - Effective date: (Other than the date of filing) **(OPTIONAL)**
 If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

REQUIRED SIGNATURE:

BWA
 Signature of a member or an authorized representative of a member.

In accordance with section 607.004(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. 817.16, F.S.

Bryan W. Anderson
 Typed or printed name of signer.

Filing Fee:

- \$13.50 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$300.00 Certified Copy (Optional)
- \$ Non-Certified of State (Optional)