

L14 0000 10871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

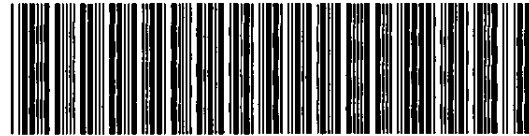
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600254911966

01/02/14--01022--023 **780.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:30

22/1



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EB5 AFFILIATE NETWORK COMMONWEALTH OF MASSACHUSETTS REGIONAL CENTER, 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:

Thomas N. Silverman

Name of Person

Thomas N. Silverman, P.A.

Firm/Company

3801 PGA Blvd, Suite 902

Address

Palm Beach Gardens, Florida 33410

City/State and Zip Code

tns@floridaprobatecounsel.com

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

For further information concerning this matter, please call:

Thomas N. Silverman at (561) 775-7500

Name of Person

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:30

ARTICLES OF ORGANIZATION
OF
EB5 AFFILIATE NETWORK COMMONWEALTH OF MASSACHUSETTS
REGIONAL CENTER, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name. The name of the Limited Liability Company ("Company") is EB5 AFFILIATE NETWORK COMMONWEALTH OF MASSACHUSETTS REGIONAL CENTER, LLC, a Florida Limited Liability Company.

ARTICLE II

Address. The mailing and street address of the Company's principal and mailing office is 142 Commodore Drive, Jupiter, Florida 33477.

ARTICLE III

Duration. The period of duration for the Company is twenty-five (25) years beginning on the date these Articles of Organization are filed with the Florida Department of State.

ARTICLE IV

Registered Agent and Office. The name of the Company's initial registered agent in Florida is Thomas N. Silverman, Esq. The address of the Company's registered office in Florida is 3801 PGA Boulevard, Suite 902, Palm Beach Gardens, Florida 33410.

ARTICLE V

Management. The Company is to be managed by its Manager(s). The initial Manager(s) will serve until the first annual meeting of the Members. The initial Manager(s) are identified as follows:

SAMUEL B. SILVERMAN
MICHAEL SCHOENFELD

ARTICLE VI

Admission of New Members. Members of the Company have the right to admit new Members. Additional Members may be admitted only on the unanimous written consent of the existing Members, and the existing Members shall determine the amount

FILED
14 JAN -2 AM 7:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

and nature of contributions by new Members at the time the new Members are admitted.

ARTICLE VII

Continuation of Business. If at least one (1) Member remains after the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member ("Terminating Event") in the Company, the business of the Company shall be carried on by the remaining Member(s) and the Company shall not be dissolved unless all of the remaining Members agree in writing to dissolve and terminate the Company within ninety (90) days after the date of such Terminating Event.

The undersigned has set his hand and seal on the day, month and year set forth below.



SAMUEL B. SILVERMAN, Trustee,
Member

Dated: 12/9, 2013

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:30

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for EB5 AFFILIATE NETWORK COMMONWEALTH OF MASSACHUSETTS REGIONAL CENTER, LLC at 3801 PGA Boulevard, Suite 902, Palm Beach Gardens, FL 33410, 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.

Dated Dec 31, 2013.



THOMAS N. SILVERMAN, ESQ.,
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -2 AM 7:31