## 1140000033538

(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:

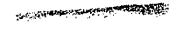
Office Use Only



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DEPARTMENT OF STATE

2014 FEB 26 AH IO: 16



FEB 27 2014 D. BRUCE



ACCOUNT NO. : 12000000195

REFERENCE 02.8454 4304756

Nothorization ()
COST LIMIT : \$ 125.00
ORDER DATE : February 26, 2014
ORDER TIME : 11:27 AM
ORDER NO. : 028454-005
CUSTOMER NO: 4304756
DOMESTIC FILING
NAME: ITHACA PARTNERS 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
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 52956  EXAMINER'S INITIALS:
EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ithaca Partners LLC	
Name of Limi	sted Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	-
Peter M. Nicholas	
	Name of Person
Ithaca Partners LLC	
	Firm/Company
PO Box 1558	
	Address
Boca Grande, FL 33921	
	y/State and Zip Code
pmn@bollard.com	
For further information concerning this matter, please	be used for future annual report notification)  e call:
Mary Ann Kramer at (61'	
Name of Person Ar	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee; On Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address

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

 $\tau = -\sqrt{\gamma_0} = \tau^{-1}$ 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he words "Limited Lial	oility Com	ipany, "L.L.C.," or "LLC.")
of the principal office	of the Lin	mited Liability Company is:
Mailing A	ddress:	
P	O. Box 1	1558
	loca Grane	de, FL 33921-1558
Name		<del></del>
ne		
address (P.O. Box <u>NO</u>	T acceptal	ble)
	FL	33921
City		Zip
et and to accept service	of process	s for the above stated limited liabil ent as registered agent and agree t
eor	of the principal office  Mailing A  F  E  gistered Office, & Re t serve as its own Registered as its own Registered agents.)  s of the registered agents.  Name	Mailing Address:  P.O. Box 1  Boca Gran  gistered Office, & Registered at serve as its own Registered Agflorida registered agent are:  las  Name  ne address (P.O. Box NOT accepta

(CONTINUED)

Page 1 of 2



The famile and interess of each person	n authorized to manage and control the Limited Liability Company;
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Peter M. Nicholas
	4815 Shore Lane
	Boca Grande, FL 33921
MGR	Peter M. Nicholas, Jr.
	58 Chestmut Street
	Boston, MA 02108
MGR	John K. Nicholas
	415 Nashawtuc Road
	Concord, MA 01742
	ate of filing: n/a (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the d	ate of filing: n/a (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the difective date is listed, the date must be of filling.)	ate of filing: n/a (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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LE V: Effective date, if other than the defective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if other than the defective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of periory that the facts stated herein are true.
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Page 2 of 2