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(Cit	ty/State/Zip/Phone	: #)
☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE
AND ANASSEE, FLORID

E Burch SEP 1 5 2014

## **COVER LETTER**

TO:	Registration Division of C		•	
SUBJE	CT: <u>MOHAV</u>	VK TRAIL LLC Name of Lin	nited Liability Company	
The enc	losed Articles	of Organization and fec(s) a	re submitted for filing.	
Please r	eturn all corres	spondence concerning this m	atter to the following:	
	YIZ GON	G	Name of Person	
			Name of Person	
			Firm/Company	
	10 GLOF	RIA CIRCLE	Address	
	BURLING	GTON, MA	City/State and Zip Code	
BC	STONCITY	OUR@GMAIL.COM E-mail address: (to be use	d for future annual report notifica	ition)
For furt	her information	n concerning this matter, plea	ase call:	
YIZ GO		at (at (at (at (at (at (		ephone Number
Enclose	ed is a check fo	r the following amount:		
☑ \$125.0d	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi P.O.	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MOHAWK TRAIL 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 printing address and street address and street address and street address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 GLORIA CIRCLE	10 GLORIA CIRCLE
BURLINGTON, MA 01803	BURLINGTON, MA 01803
YIZ GONG  1312 CONTINENTAL	
Florida street address (F	P.O. Box NOT acceptable)
DAYTONA BEACH	
City	Zip
the place designated in this certificate, I herel	sccept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance

Page 1 of 2

(CONTINUED)

<u>[itle:</u> AMBR" = Authorized Membe	Name and Address:
'MGR" = Manager	
MGR	GREG MARCUS
	10 GLORIA CIRCLE BURLINGTON, MA 01803
	BOILENOTON, MA 01000
AMBR	YIZ GONG
	10 GLORIA CIRCLE
	BURLINGTON, MA 01803
······	
Use attachment if necessary)	
V: Effective date, if other that	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or
(Use attachment if necessary)  E V: Effective date, if other that extive date is listed, the date m f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	the date of filing:
EV: Effective date, if other than etive date is listed, the date m filling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior to or
V: Effective date, if other than effective date is listed, the date me filling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with secondance)	of a member or an authorized representative of a member.
V: Effective date, if other than tive date is listed, the date my filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signstury  (In accordance with a constitutes an affirma	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than tive date is listed, the date my filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature  (In accordance with a constitutes an affirma I am aware that any file.)	of a member or an authorized representative of a member.
CV: Effective date, if other than extrement the date is listed, the date in filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature  (In accordance with a constitutes an affirma I am aware that any fillings.)	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
EV: Effective date, if other that ettive date is listed, the date in filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatur  (In accordance with a constitutes an affirma I am aware that any filling constitutes a third degree of the state of the st	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lies information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)

Page 2 of 2