115000012253

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	a #0
(Cil	y/Otate/Zip/F110110	= π)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100267493401

01/12/15--01003--018 **155.00

2015 JAN 12 PM 1:52
SECRETARY OF STATE
SECRETARY OF STATE

UAN 23 7015 LERUCE

COVER LETTER

TO: Registration Division of C			
SUBJECT: 9103 As	sociates, LLC Name of Limited	Liability Company	
The enclosed Articles of	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
Edward A		ame of Person	
<u>Internatio</u>	nal Cordage East, Ltd. F	irm/Company	
_226 Uptor	n Road	Address	· · · · · · · · · · · · · · · · · · ·
Colcheste	r, CT 06415 City/S	State and Zip Code	
Sparky@InCord.	·	•	ation)
For further information	concerning this matter, please c	all:	٠.
<u>Donald R. Seifel, Jr</u> Name) <u>548-2676</u> ea Code Daytime Te	lephone Number
Enclosed is a check for ☐ \$125.00 Filing Fee	□\$130.00 Filing Fee &	\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	S160.00 Filing Tice. Certificate of Status & Certified Coppo (additional copylise nclosed)
Regis Divis P.O. 1	ing Address stration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The hame of the Dillines Diability Company 13.	
9103 Associates, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o International Cordage East, Ltd. 226 Upton Road	c/o International Cordage East, Ltd. 226 Upton Road
Colchester, CT 06415	Colchester, CT 06415
The name and the Florida street address of the registered a <u>Corporation Service Company</u> Name	
1201 Hays Street	
Florida street address (P.O. Box]	NOT acceptable)
Tallahassee	FL 32301
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S pany
By: Registered Agent's Signatu	Krista Swenson, Assistant Vice President
Registered Agent's Signatu	ile (KEQUIKED)

(CONTINUED)

Page 1 of 2

Γitle <u>:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Robert T. Martin
	86 Alger Road
	East Haddam, CT 06423
MGR	Edward A, Ritz
	70 Main Street
	East Haddam, CT 06423
EV: Effective date, if other than tetive date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days
ctive date is listed, the date mus f filing.) EVI: Other provisions, if any.	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than tetive date is listed, the date mus filling.) EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than tetive date is listed, the date mus f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Hot a member or an authorized representative of a member.
E V: Effective date, if other than tetive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sec	of a member or an authorized representative of a member.
EV: Effective date, if other than to tive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation of the constitutes an affirmation.	of a member or an authorized representative of a member.
EV: Effective date, if other than to tive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation of the constitutes an affirmation.	of a member or an authorized representative of a member.
EV: Effective date, if other than to tive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation of the constitutes an affirmation.	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are trues information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than to tive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmatic I am aware that any false constitutes a third degree.	of a member or an authorized representative of a member. of a member or an authorized representative of this document of the penalties of perjury that the facts stated herein are trues of the information submitted in a document to the Department of State or felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than to tive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmatic I am aware that any false constitutes a third degree.	of a member or an authorized representative of a member. it ion 605.0203 (1) (b), Florida Statutes, the execution of this document of in under the penalties of perjury that the facts stated herein are true; ion in the information submitted in a document to the Department of State ion formation submitted in a document to the Department of State ion formation submitted in a submitted in a document to the Department of State ion formation submitted in a submitted in a document to the Department of State ion formation submitted in a submi
CV: Effective date, if other than to tive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmatic I am aware that any false constitutes a third degree.	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document or under the penalties of perjury that the facts stated herein are truezed in formation submitted in a document to the Department of State or information submitted in a document to the Department of State or felony as provided for in s.817.155, F.S.)
CV: Effective date, if other than to tive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmatic I am aware that any false constitutes a third degree.	of a member or an authorized representative of a member. ition 605.0203 (1) (b), Florida Statutes, the execution of this document; or in under the penalties of perjury that the facts stated herein are true; ition formation submitted in a document to the Department of State iting formation submitted in a document to the Department of State Fitz