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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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DEPARTMENT OF STATE

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MAR 1 0 2015

T. BROWN

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 533498 4304937
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE: March 9, 2015
ORDER TIME : 3:05 PM
ORDER NO. : 533498-005
CUSTOMER NO: 4304937
DOMESTIC FILING
NAME: BUILDIUM AGENCY 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
CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	Buildium Agency LLC		
SOMECI		nited Liability Company	
The enclos	sed Articles of Organization and fee(s) ar	e submitted for filing.	
Please retu	urn all correspondence concerning this ma	atter to the following:	
		Name of Person	
	Mintz, Levin, Cohn, Ferris, Glovsky	and Popeo, P. C.	
		Firm/Company	
	One Financial Center		
		Address	
	Boston, MA 02111		
	Ci	ty/State and Zip Code	
	E-mail address: (to	be used for future annual repor	n notification)
For further	information concerning this matter, pleas	se call:	
	Name of Person A	rea Code Daytime Teleph	one Number
		Dayamo rejepa	SHE INMINER
Enclosed is	s a check for the following amount: ling Fee \$\int_{\text{Certificate of Status}} \text{\$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	Street/Courier Addr	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

ANTICLESOF ONGARIZATION	TORT DORDALAMITED LADIEST COMMITTED
ARTICLE 1 - Name: The name of the Limited Liability Company is:	Limited Liability Company, "L.L.C.," or "LLC.")
Buildium Agency LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	scipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
38 Chauncy Street, 12th Floor	38 Chauncy Street, 12th Floor
Boston, MA 02111	Boston, MA 02111
another business entity with an active Florida reg	
Corporation Service Co	ompany
	Name
1201 Hays Street	
Florida street address (P.	O. Box <u>NOT</u> acceptable)
Tallahassee	_{FL} 32301
City	Zip
the place designated in this certificate, I hereby	cept service of process for the above stated limited liability company at y accept the appointment as registered agent and agree to act in this visions 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 605, F.S..

Corporation Service Company

By:

Registered Agent's Signature (REQUIRED)

Courtney Williams

Asst Vice President

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Buildium LLC
	38 Chauncy Street, 12th Floor
	Boston, MA 02111

E V: Effective date, if other than the date ective date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spenfilling.)	
E V: Effective date, if other than the date ective date is listed, the date must be spenfilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menusure of a me	nber of an authorized representative of a member. (05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meter of	nber of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meter of	mber of an authorized representative of a member. (305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Cormation submitted in a document to the Department of State