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((Requestor's Name)	
	(Address)	,
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	City/State/Zip/Phone #	<i>f</i>)
PICK-UP	WAIT	MAIL
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	(Document Number)	
Certified Copies	Certificates o	f Status
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SECRETARY OF STATE
NIVISION OF CORPORATIONS

JUL 2 0 2015

T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500		
ACCOUNT NO. : I2000000195		
REFERENCE: 709756 4304763		
AUTHORIZATION: Spulle Blend		
COST LIMIT : \$ 155.00		
ORDER DATE : July 16, 2015		
ORDER TIME : 10:07 AM		
ORDER NO. : 709756-005		
CUSTOMER NO: 4304763		
DOMESTIC FILING		
NAME: BRAINERD ROAD ASSOCIATES SLSPE , LLC		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Courtney Williams - EXT. 62935		

EXAMINER'S INITIALS:



July 16, 2015

CSC COURTNEY RESUBMIT

Please give original submission date as file date.

SUBJECT: BRAINERD ROAD ASSOCIATES SLSPE, LLC

Ref. Number: W15000047718

We have received your document for BRAINERD ROAD ASSOCIATES SLSPE, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 715A00014935

15 JJL 20 AH 10: 57

ARTICLES OF ORGANIZATION

OF

BRAINERD ROAD ASSOCIATES SLSPE, LLC

These Articles of Organization of Brainerd Road Associates SLSPE, LLC (the "LLC"), dated as of July 17, 2015, are being duly executed and filed by Carl E. Axelrod, as an authorized person, to form a limited liability company pursuant to the provisions of Chapter 605.0201 of the Florida Statutes.

ARTICLE I - Name: The name of the limited liability company (the "company") is Brainerd Road Associates SLSPE, LLC.

ARTICLE II - Address: The mailing address and the street address of the principal office of the limited liability company is: c/o Eastern Property Real Estate, Inc., 51 Sawyer Road, Suite 120, Waltham, MA 02453.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the address within the State of Florida of the resident agent for service of process for the company is: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agreement 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 605 of the Florida Statutes.

CORPORATION SERVICE COMPANY

Registered Agent's Signature (REQUIRED)

Asst. Vice President

ARTICLE IV - Manager Managed: the Company is manager managed.

ARTICLE V – Manager: The name and the address of sole manager of the company at the time of its formation is:

NAME

ADDRESS

Paul Krupp, Manager

c/o Eastern Property Real Estate, Inc. 51 Sawyer Road, Suite 120 Waltham, MA 02453

Emily Gray

IN WITNESS WHEREOF AND UNDER THE PENALTIES OF PERJURY, the person whose signature appears below does hereby affirm and execute this certificate of organization as an authorized person this 17th day of July, 2015.

arl E. Axelrod, Authorized Person

SECRETARY OF STATE