

L17000043651

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2017 FEB 28 AM 11:36

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C. GOLDEN

FEB 28 2017

Account#: I200000000088

Date: 02/28/2017

Name: Marisa Kugelmann

Reference #: D298255

ENTITY NAME: SEASPRAY NOTEHOLDER LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: \$125.00

Signature: 

2017 FEB 28 AM 11:36
NCR NATIONAL CORPORATE RESEARCH, LTD.
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SeaSpray Noteholder LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond M. Murphy

Name of Person

Eastern Real Estate LLC

Firm/Company

120 Presidential Way, Suite 300

Address

Woburn MA 01801

City/State and Zip Code

Rmurphy@eastern-re.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Murphy

at (**781**) **926-6425**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seaspray Noteholder 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 principal office of the Limited Liability Company is:

Principal Office Address:

120 Presidential Way, Suite 300
Woburn MA 01801

Mailing Address:

120 Presidential Way, Suite 300
Woburn MA 01801.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

National Corporate Research, Ltd., Inc.

Name

115 North Calhoun St., Suite 4

Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 32301

City

State

Zip

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 agree 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, F.S.

Rose Marie Cole

(Registered Agent's Signature (REQUIRED))

Rose Marie Cole, Asst. Secretary

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

MGR

Name and Address:

Brian J. Kelly

120 Presential Way, Suite 300

Woburn MA 01801

Raymond M. Murphy

120 Presential Way, Suite 300

Woburn MA 01801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Raymond M. Murphy

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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