

8/27/20

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Center

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Division of Corporations
Fax Number : (850)617-6381

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Account Name : C T CORPORATION SYSTEM
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SECRETARY OF
DIVISION OF CORPORATIONS
19 AUG 27 PM 4:43
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.**5512 Old Ocean Blvd, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

5512 OLD OCEAN BLVD, LLC

(Must contain 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:15 South West Park
Westwood, MA 02090**Mailing Address:**15 South West Park
Westwood, MA 02090**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:

C T Corporation System

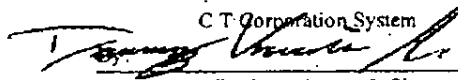
Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

| | | |
|--------------------|----------------|--------------|
| <u>Plantation,</u> | <u>Florida</u> | <u>33324</u> |
| 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.

C T Corporation System

**Danny Verdecchia**
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 27 PM 4:43
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

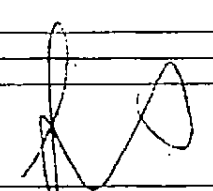
"MGR" = Manager

MGR**Name and Address:**Mark D'Angelo15 South West ParkWestwood, MA 02090MGRSteven D'Angelo15 South West ParkWestwood, MA 02090MGRPeter Vocatura1275 Main StreetWalham, MA 02451

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 29, 2019 (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.This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.Larry A. Rothenberg_____
Typed or printed name of signer**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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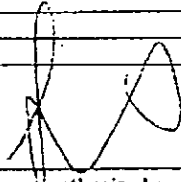
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Larry A. Rothenberg

Typed or printed name of signee

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

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\$ 5.00 Certificate of Status (Optional)

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