1/15/2020

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number :

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 326 SANDPIPER LANE, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECILE FALLY OF STATE TALLAHASSEE, FL

| ART | F | l _ i | Nai | ns e |
|-----|---|-------|-----|------|
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The name of the Limited Liability Company is:

326 SANDPIPER LANE, 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:

| * | |
|--|---|
| c/o David and Stephanie D'Angelo, Managers | c/o David and Stephanie D'Angelo, Mgrs. |
| 106 Clyde Street | 106 Clyde Street |
| Chartest Hill MA 02167 | Chartmit LGH MA 02367 |

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

Principal Office Address:

(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 Sy: | stem | |
|-----------------------|-----------------------------|----------|
| | Name | |
| 1200 South Pine Isla | and Road | |
| Florida street addres | ss (P.O. Box <u>NOT</u> acc | eptable) |
| Plantation, | Florida | 33324 |
| City | State | Zin |

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.

Christine Kelm, Assistant Secretary

Mailing Address:

(CONTINUED)

ARTICLE IV-

| Title: | Name and Address: | |
|---|---|--------------------|
| "AMBR" = Authorized Memb | e r | |
| "MGR" = Manager | | Ú |
| MGR | David D'Angelo | ;; |
| | 106 Clyde Street | — ⋤⊊ |
| | Chestnut Hill, MA 02467 | |
| | Charles in Diangelo | ALLAHASSE H |
| MGR | Stephanie D'Angelo | |
| | 106 Clyde Street Chestnut Hill, MA 02467 | ::::- |
| | | <u> </u> |
| MCD | Peter P. Vocatura | |
| MGR | 1275 Main Street | • |
| | Waltham, MA 02451 | 끄도 |
| | William Co. | |
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