L21000165987

(Red	questor's Name)	
(Add	dress)	
(Adı	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	r iitiig Officer.	

Office Use Only



800361978228

03/15/21--01035--021 **139.00

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJI	Birch RA Investments LLC			Zu:) F.	
20001		Name of Limited Liability Company			
The en	closed Articles of Organization and fee(s) a	re submitted	for filing.	:- 	
Please	return all correspondence concerning this n	natter to the fo	ollowing:	=	
	Benjamin B. Cummings			\. -i	
		Name of	Person	(
	Cummings Real Estate Advisory Serv	rices LLC			
		Firm/Cor	npany	_	
	790 Andrews Avenue, #D-102				
		Addre	SS		
	Delray Beach, Florida 33483				
		City/State and	Zip Code		
	BBCJR@me.com E-mail address: (to be use	d for future ar	unual report patificat	ion	
			maar report notificat.	ion)	
or lurth	ner information concerning this matter, pleas	se call:			
	Benjamin B. Cummings 8	304	307-4858		
	Name of Person A	Area Code	Daytime Telephon	e Number	
Enclose	ed is a check for the following amount:				
□\$12	5.00 Filing Fee Securificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Mailing Address		treet Address		
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			lew Filing Section Di The Centre of Tallaha		
		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:								
The name of the Limited Liability	y Company is:							
Birch RA Investment	Birch RA Investments LLC							
(Must conta	in the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")					
ARTICLE II - Address:								
The mailing address and street ac	dress of the principal o	office of the Limi	ted Liability Company is:					
-								
Principal Office Address:			Mailing Address:					
150 East Palmetto Park Road, Suite 800		1	150 East Palmetto Park Road, Suite 800					
Boca Raton, Florida 33432		<u>B</u>	Boca Raton, Florida 33432					
			· · · · · · · · · · · · · · · · · · ·					
ARTICLE III - Registered Age	nt. Registered Office.	& Registered A	gent's Signature:					
(The Limited Liability Company	cannot serve as its own	Registered Ager	nt. You must designate an individual or					
another business entity with an a	ctive Florida registratio	on.)						
The name and the Florida street a	ddress of the registered	i agent are:						
The name and the Florida street address of the registered agent are:								
Benjamin B. Cummings								
Name								
790 Andrews Avenue, #D-102								
Florida street address (P.O. Box NOT acceptable)								
	Delray Beach	Florida	33483					
	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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Me	mber
"MGR" = Manager	
MGR	J. Bruce Ricciuti
	150 East Palmetto Park Road, Suite 800
	Boca Raton, Florida 33432
AMBR	Karen B. Agredo
7471510	1583 S.W. 5th Avenue
	Boca Raton, Florida 33432
MGR	Benjamin B. Cummings
MOR	790 Andrews Avenue, #D-102
	Delray Beach, Florida 33483
AMDD	Post I Process
AMBR	Paul J. Ricciuti 4123 Sampson Road
	Youngstown, OH 44505
If an effective date is listed, the dat he date of filing.)	•
REQUIRED SIGNATUR	` ?
	ture of a member or an authorized representative of a member.
Signa	dure of a member or an authorized tepresentative of a member.
I nis docum	tent is executed in accordance with section 605,0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State
	a third degree felony as provided for in s.817.155, F.S.
Ren	iamin B. Cummings
17011	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)

Articles of Organization for Birch RA Investments LLC, a Florida limited liability company

ATTACHMENT to Article IV:

Additional Authorized Member -

AMBR - Terence P. Farmer 55 Pokonoket Avenue Sudbury, MA 01776