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(Address)

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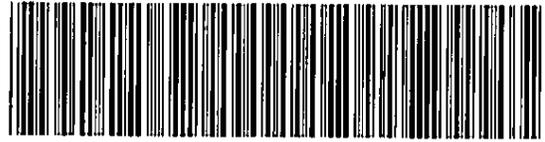
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**DATE: 9/28/21**

**NAME: DREW STREET APARTMENTS LLC**

**TYPE OF FILING: ARTICLES**

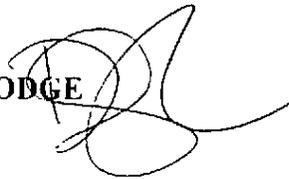
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Drew Street Apartments, 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:

David R. Phillips, Esq.  
\_\_\_\_\_  
Name of Person  
  
Phillips, Hayden & Labbee, LLP  
\_\_\_\_\_  
Firm/Company  
  
19321 US Highway 19 North, Suite 301  
\_\_\_\_\_  
Address  
  
Clearwater, FL 33764  
\_\_\_\_\_  
City/State and Zip Code  
  
david@phlfirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Phillips, Esq.                      727                      300-1399  
\_\_\_\_\_  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
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 Company is:

Drew Street Apartments, 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:

Mailing Address:

115 Allan Street

Marshfield, MA 02050

115 Allan Street

Marshfield, MA 02050

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:

David R. Phillips, Esq.

Name

19321 US Highway 19 North, Suite 301

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

Clearwater

FL

33764

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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