# Department of State 7 8 (88) 1429 2022-04-26 14:48 CDT Blumberg Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email	Address:_						
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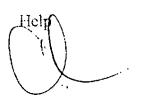
### FLORIDA LIMITED LIABILITY CO. TW3 LLC

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\$125.00

## Certificate of Status Certified Copy Page Count Estimated Charge

Electronic Filing Menu Corporate Filing Menu



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:				
The name of the Elimett Blabin,	у Сотрану із.				
TW3. LLC					
	with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
501 Congress St		501 Congress St			
Boston, MA 02210	·	Bost	Boston, MA 02210		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration address of the registere Registered Agent Science 155 Office Plaza Dr	n Registered Agent. (on.) d agent are: blutions, Inc. Name	You must designate an ind	lividual or	
	Florida street address (P.O. Box NOT acceptable)				
	Tallahassee,	<u> </u>	32301		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the apportisions of all statutes in ligations of my position	pointment as register relating to the proper	ed agent and agree to act and complete performan as provided for in Chapter	in this capticity. 1 🍣 ce of my duttes, and 😽	F III

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Julian Aiken
	2135 Arielle Dr Naples, FL 34109
(Use attachment if necessary)	
(If an effective date is listed, the date must be specified	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not mee the document's effective date on the Department of	et the applicable statutory filing requirements, this date will-not be listed as
ARTICLE VI: Other provisions, if any.	
	7. C.
REQUIRED SIGNATURE:	Docusigned by:
This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Julian Aiken	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)