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06/28/2022

D	ate:	06/28/2022	_ \\
		Acc#I20160000072	- m: DW
Name:	1250 Hol	bbs Road, LLC	
Document #:	<u>.</u>		
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Thank you!

COVER LETTER

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SUBJECT		os Road, LLC					
Some	•	Name of Lin	nited Liabil	ity Company			
The enclos	sed Articles of	Organization and fee(s) an	e submitted	for filing.			
Please reti	ırn all correspo	ondence concerning this ma	atter to the f	ollowing:			
	Lauren Bund	ce					
		· · · · ·	Name of	Person			
	Foley Hoag	LLP					
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	155 Seaport	Boulevard					2022 JUN
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For further	nformation co	neerning this matter, please	e call:				
	Lauren Bunc	e 6 at (17	832-1732			
	Nam	e of Person A	rea Code	Daytime Telephon	e Number		
Enclosed i	s a check for t	he following amount:					
□\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certiti	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 F Certificate of Certified Co (additional cop	of Status & py	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	Į	-	Nam	e:	
	_				

The name of the Limited Liability Company is:

1250 Hobbs Road, 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:
e/o GPM II ELC	e/o GPM II LLC
122 Pleasant Street, Suite 144	122 Pleasant Street, Suite 144
Easthampton, MA 01027	Easthampton, MA 01027

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 Sy	stein	
	Name	
1200 South Pine Isla	and Road	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
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

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

AMBR GPM II LLC, a Delaware limited liability company 122 Pleasant Street, Suite 144 Easthampton, MA 01027 AMBR Peter Gallagher, Managing Member of Sole Member clo GPM II LLC 122 Pleasant Street, Suite 144 Easthampton, MA 01027 LLE V: Effective date, if other than the date of filing: Geffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Fur Gallagher 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 contributes of third days as felsion as constitute of the Department of State	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
(Use attachment if necessary) (I.E. V.: Effective date, if other than the date of filing:	"MGR" = Manager		
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