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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

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

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FLORIDA LIMITED LIABILITY CO.
Bristol 2302 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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OPERATIONS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bristol 2302 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:

William G. Smith, Esq.
Name of Person
Jones Foster P.A.
Firm/Company
505 S. Flagler Drive, Suite 1100
Address
West Palm Beach, FL 33401
City/State and Zip Code
jfservice@joncsfoster.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William G. Smith 561 650-0461
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

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 TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bristol 2302 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:

505 S. Flagler Drive
Suite 1100
West Palm Beach, FL 33401

505 S. Flagler Drive
Suite 1100
West Palm Beach, FL 33401

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:

Jones Foster Service, LLC
Name

505 S. Flagler Drive, Suite 1100
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33401
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.

By: *William G. Smith*, Manager
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:

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

Lydia G. Chesnick, as Co-Trustee of the Gerald S. Fineberg 2011 Trust dated 11/7/2011

c/o Bernkopf Goodman LLP

Two Seaport Lane, 9th Floor

Boston, MA 02210

MGR

David R. Adelman, as Co-Trustee of the Gerald S. Fineberg 2011 Trust dated 11/7/2011

c/o Lounie & Cutler PC

60 State Street

Boston, MA 02190

MGR

Joseph K. Donovan, as Co-Trustee of the Gerald S. Fineberg 2011 Trust dated 11/7/2011

c/o Fineberg Management, Inc.

One Washington Street

Wellesley, MA 02481

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Co-trustee

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 constitutes a third degree felony as provided for in s.817.155, F.S.

Lydia G. Chesnick, as Co-Trustee of the Gerald S. Fineberg 2011 Trust dated 11/7/2011

Typed or printed name of signer

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)

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