

L25000034789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

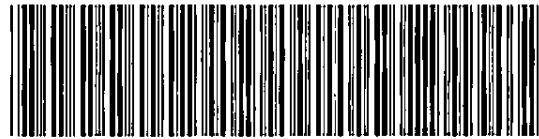
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000441212420

2025 JUN 28 PM 9:47

FILED

2025 JAN 28 PM 3:14

RECEIVED

CLERK OF SUPERIOR COURT  
SANTA CRUZ COUNTY  
CALIFORNIA

MS

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/28/2025

Acc#I20160000072

*Handwritten initials/signature*

|             |                            |
|-------------|----------------------------|
| Name:       | 11641 Maidstone Drive, LLC |
| Document #: |                            |
| Order #:    | 16115802                   |

|                                   |                          |                              |  |
|-----------------------------------|--------------------------|------------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> | 2025 JAN 28 PM 9:47<br>FILED |  |
| Plain Copy:                       | <input type="checkbox"/> |                              |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                              |  |
| Certified Copy of                 | <input type="checkbox"/> |                              |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination:      |  |
|                                   |                          | Number of Certs:             |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notifications:

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 11641 Maidstone Drive, 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:

Danielle Ryan-Praus  
Name of Person  
Hinckley Allen  
Firm/Company  
20 Church Street  
Address  
Hartford, CT 06103  
City/State and Zip Code  
jsmith@hinckleyallen.com  
E-mail address: (to be used for future annual report notification)

2025 JUN 28 PM 9:47

FILED

For further information concerning this matter, please call:

Danielle Ryan-Praus 860 331-2698  
Name of Person at (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:

11641 Maidstone Drive, 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:

30 South Pearl Street, Suite 1101  
Albany, NY 12207

c/o Hinckley Allen  
30 South Pearl St, Suite 1101  
Albany, NY 12207

2025 JUN 28 AM 9:47

FILED

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:

HASLAW, INC.

Name

7901 SW 6th Court, Suite 300

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

Plantation

FL

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.*

/s/ Thomas S. Marrion

Registered Agent's Signature (REQUIRED)

Thomas S. Marrion, Secretary

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Susan DePaula

11641 Maidstone Drive

Wellington, FL 33414

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2005 JAN 28 AM 9:47

FILED

(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:**

/s/ Susan DePaula

**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.

Susan DePaula

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)