SEG U A Dra. Paola Delgo



## SECRETARY OF THE STATE OF CONNECTICUT

MALERIO ADDRESS: COMMERCIAL RECORDING DIVISION, COMMECTICUT SECRETARY OF THE STATE P.O. 60X 150470 IN REFORM OF 0115-0470 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, COMMECTICUT SECRETARY OF THE STATE P.O. 60X 150470 IN REFORM OF 0115-0470 PHONE: 860-509-6003 WEBSITE: <u>VALVE CONCOLDED IS CLOOK</u>

.

# ARTICLES OF ORGANIZATION

## LIMITED LIABILITY COMPANY - DOMESTIC

## C.G.S. §§34-120, 34-121

USE INK COMPLETE ALL SECTIONS. PRINT OR TYPE. AT FACH 81/2 X 11 SHEETS IF NECESSARY.

FILING	PARTY (CO	NFIRMATION WILL BE SENT TO THIS ADDRE		FILING FEE: \$120					
NAME:	Gregory	J. Spuches, Esq.			MAKE CHECKS PAYABLE TO "SECRETARY				
ADDRESS:Anderson, Reynolds & Lynch, LLP									
	1 Liberty	Square, Suite 208							
CITY;	New Brit	ain							
STATE:	ст	:	ZIP: 06051						
1. NAME OF LIMITED LIABILITY COMPANY - <u>REQUIRED</u> : (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) BOSH General Investments, LLC									
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - <u>REQUIRED</u> : ATTACH B1/2 X 11 SHEETS IF NECESSARY.									
To engage in any lawful act or activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act.									
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O BOX) PROVIDE FULL ADDRESS. "SALLE AS ABOVE" NOT ACCEPTABLE									
ADDR	ADDRESS: 259 Wood Pond Road								
CITY:		Glastonbury							
STATI	E:	СТ			ZIP:06033				
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY:									
STATE:				ZIP:					
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - <u>REQUIRED</u> : (COMPLETE A OR B NOT BOTH) <sup>13</sup> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Gregory J. Spuches, Esq.									
BUSINESS ADDRESS					SIDENCE ADDRESS				
(P O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"			(P.O. BO)	K NOT ACCE	PTABLE)				
ADDRESS	-	Reynolds & Lynch, LLP	ADDRESS:	20 Field Dr	ive				
	•	uaro, Sulte 208							
CITY:	New Britain		CITY:	Wethersfie	ld				
STATE	CT		STATE:	GT					
ŽIP.	06051		ZIP:	08109					
SIGNATURE ACCEPTING APPOINTMENT:									
PAGE 1 OF 2 FORM LC-1-1.0 Rev. 1/11/2011									

				Dra. Paola Delgado vor					
F B. IF AGENT IS A B PRINT OR TYPE NAME	USINESS: OF BUSINESS AS IT A	PPEARS	ON OUR RECORDS:	And Anne - Ector					
CT BUSINESS ADDRES	S (P.O.BOX UNACCEPTABL	.E)							
ADDRESS:			<u> </u>	<del></del>					
CITY:									
STATE: ZIP:									
SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:									
PRINT NAME & TITLE	PRINT NAME & TITLE OF PERSON SIGNING:								
	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		۵۵۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ - ۲۰۰۵ -	d-manger anno gar, affider fras das a resonances qua de san das a manares anno ser resonances da ser da ser da					
i 6. MANAGER OR MEME	ER INFORMATION-REG	QUIRED:	(MUST LIST AT LEAST ONE M	ANAGER OR MEMBER OF THE LLC)					
	ATTACH 81	1/2 X 11 SH	EETS IF NECESSARY.	T					
NAME	TITLE		USINESS ADDRESS (No. P.O Box) IONE, MUST STATE 'NONE"	RESIDENCE ADDRESS: (No. P.O Box)					
J. Bruce Barlow	Member	Nòne		259 Wood Pond Road Glastonbury, CT 06033					
Carol-Ann Barlow	Memb <del>er</del>	None		259 Wood Pand Road Glastonbury, CT 06033					
7. MANAGEMENT - PLA	CE A CHECK NEXT TO	THE FO	LLOWING STATEMENT	ONLY IF IT APPLIES					
"I" MANAGEMENT O	F THE LIMITED LIABILIT	Y COMP	ANY SHALL BE VESTED	IN A MANAGER OR MANAGER					
8. EXECUTION: (SUBJEC	T TO PENALTY OF FALSE ST	ATEMENT	)						
DATED THIS 10th	DAY OF	July		20 <u>12</u>					
,	PF ORGANIZER IT OR TYPE)		SIGNATURE						
Gregory	J. Spuches, Esq.		Augent Sucher						
ASILY FILED ONLINE @ WWW CONTACT YOUR TAX ADVISOF	<u>CONCORD-SOLS CL.GOV</u> ROR THE TAXPAYER SERVIC ATING TO YOUR BUSINESS.	E CENTEI INCLUDIN	R AT THE DEPARTMENT OF RE IG QUESTIONS ABOUT THE BU	FORMED/REGISTERED AND CAN BE EVENUE SERVICES AS TO ANY ISINESS ENTITY TAX.					
PAGE 2 OF 2				FORM LC-1-1.0 Rev. 1/11/2011					

•

]

÷

j.

÷

.

, .

1

,



Date of this notice: 07-17-2012

Employer Identification Number: 46-0591001

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-0591001. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

#### Form 1065

#### 04/15/2013

If you have questions about the form(s) on the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 L.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets cortain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

CINCINNATI OH 45999-0023

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

> BOSH GENERAL INVESTMENTS LLC J BRUCE BARLOW MBR 259 WOOD POND RD GLASTONBURY, CT 06033

0 Σ 5 Paola Delgado Loo Dra

(IRS USE ONLY) 575B

07-17-2012 BOSH B 9999999999 SS-

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

## NOTARIA SEGUNDA DEL CANTÓN QUITO

De contormidad con lo dispuesto en el Art 18 de la Ley Notarial doy fe y CERTIFICO que el presente documento es fiel COPIA DEL ORIGINAL, y que obra de 4 foja(s) util(es), que me fue presentado para este efecto y que acto seguido devolví al interesado. Quito, a 2013

P NO FARIA SEGUNDA DEL CAN FON QUITO

Keep this part for your records. CP 575 B (Rev. 7-2007) Return this part with any correspondence so we may identify your account. Please CP 575 B correct any errors in your name or address. 9999999999 Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 07-17-2012 ( ) - ENPLOYER IDENTIFICATION NUMBER: 46-0591001

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 hheldhheldhheldhallanlaanheldheld

BOSH GENERAL INVESTMENTS LLC J BRUCE BARLOW MBR 259 WOOD POND RD GLASTONBURY, CT 06033

NOBOD