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**EXAMINER** 



ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: March 20, 2008 ORDER TIME : 12:27 PM ORDER NO. : 495961-020 CUSTOMER NO: 7176257 FOREIGN FILINGS NAME: COLLEGEBOXES, LLC XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper -- EXT# 2948 EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Collegeboxes, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) January 2, 2008 5 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") March 15, 2008 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 76 Holton Street, Woburn, MA 01801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: James B. Wayman, 76 Holton Street, Woburn, MA 01801 B. Thomas Golisano, 76 Holton Street, Woburn, MA 01801 Mary Fay Kattman, 76 Holton Street, Woburn, MA 01801 10. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To pick up, store, and return personal property to customers, to lease and deliver appliances to, and to pick up the same from, customers, and to engage in any and all activities related or incidental thereto.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mary Fay Kattman, Manager

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability	Company is:
Collegebox	es, LLC	
If name unava	ailable, the alternate nan	e to be used in the state of Florida is:
2. The name	and the Florida street ad	dress of the registered agent and office are:
	Corporation Servi	ce Company
		(Name)
	1201 Hays Street	
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip
liability compo agent and agre relating to the obligations of	any at the place designate ee to act in this capacity. proper and complete per	and to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as registere I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes.  Carol Dolor, Assistant VP

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

March 21, 2008

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### COLLEGEBOXES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 2, 2008.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: B. THOMAS GOLISANO, JAMES B. WAYMAN, JR., MARY FAY KATTMAN,

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: B. THOMAS GOLISANO, JAMES B. WAYMAN, JR., MARY FAY KATTMAN

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JAMES B. WAYMAN, JR.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galein