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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT			
	N	Jame of Limited Liability Company	
The enclos Existence,	ed "Application by Foreign Limited Lia and check are submitted to register the	ability Company for Authorization to Transact Busine above referenced foreign limited liability company to	ess in Florida," Certificate of transact business in Florida
Please retu	rn all correspondence concerning this n	natter to the following:	
	Laura Tavares		
		Name of Person	
	IPC Lydon, LLC		
		Firm/Company	
	35 Oak Hill Way		
		Address	
	Brockton, MA 02301		ÿı
		City/State and Zip Code	
	Itavares@ipclydon.com	(to be used for future annual report notification)	
For further information concerning this matter, please call:			
L	aura Tavares	_{at (} 508 \ 897-1700	
_	Name of Person	Area Code Daytime Telephone	e Number
D Re P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following amo	ing Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00) Filing Fee, Certificate us & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<i>LIMITED LIABILITY COMPANY TO TRANSACT BUS</i> _{1.}	INESS IN THE STATE (OF FLORIDA:			
(Name of Foreign Limited Liability Compan	iy, must include "Limit	ted Liability Company," "L.L.C.,	" or "LLC.")	l	
(If name unavailable, enter alternate name adopted consent of the managers or managing members adopted Company," "L.L.C," "LLC.")	for the purpose of transpting the alternate nam	sacting business in Florida and at e. The alternate name must inclu	tach a copy of de "Limited l	of the wr. Liability	itten
_{2.} MA		711502			
(Jurisdiction under the law of which foreign limit company is organized)	ed liability	(FEI number, if applicab	le)		
4. N/A					
(Date first transacted b (See sections 605.0904 &	usiness in Florida, if pr & 605.0905, F.S. to det	rior to registration.) termine penalty liability)			
_{5.} 35 Oak Hill Way		·			
Brockton, MA 02301					
(St	reet Address of Princip	pal Office)	557	*	
_{6.} 35 Oak Hill Way	<u> </u>				
Brockton, MA 02301			7 -	- <u>- </u>	
	(Mailing Address	s)	· Y	 _	
7. The name, title or capacity and address	of the person(s) wh	no has/have authority to ma	nage is/are	: i : i	
John Dunn, VP of Operations, 21 N Str	reet Hull, MA 020	945	24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u></u>	٠
					
8. Attached is an original certificate of existence, no n					ds
n the jurisdiction under the law of which it is organize		t acceptable. If the certificate is in a	a foreign lang	,uage, a	
ranslation of the certificate under oath of the translator	must be submitted.)				
A S					
Sign	nature of an authori	zed person	-		
(In accordance with section 605.0203, F	S., the execution of this	document constitutes an affirmation			
penalties of perjury that the facts stated document to the Department of State)	
James Lydon, Jr	o constitutes a time de	gree telony as provided for in s.c	, 1 .D.	,	
· · · · · · · · · · · · · · · · · · ·	l or printed name of	f signee	-		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Con	npany is:		
IPC Lydon,	LLC		. <u>.</u>	
If unavailable	, the alternate to be used in t	he state of Florida is:		
2. The name	and the Florida street addres	s of the registered agent and office are	e:	
	NRAI Services, Inc.			
		(Name)		
	1200 South Pine Island Road			20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			- \
	Plantation	_{FL} 33324	H. Harris	10
		City/State/Zip		.5
				r.3
liability comporegistered age statutes relation	any at the place designated in ent and agree to act in this ca ng to the proper and complet ligations of my position as reg	nd to accept service of process for the a on this certificate, I hereby accept the ap opacity. I further agree to comply with the performance of my duties, and I am j gistered agent as provided for in Chap	ppointment as the provision familiar with c	s of ali and
		Set Il		
	(Si	gnature)		
	\$ 100.0	00 Filing Fee for Application		

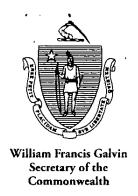
\$ 25,00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



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

October 30, 2013

TO WHOM IT MAY CONCERN:

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

IPC LYDON, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 7, 2013.

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: DALE H PYATT, JAY M CASHMAN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: DALE H PYATT, JAY M CASHMAN

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DALE H PYATT**, **JAY M CASHMAN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Mein Revin Galetin