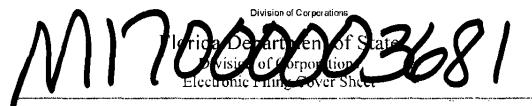
5/1/2017



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

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

F	Address:			
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### Foreign Limited Liability Company Samuels & Associates Management LLC

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Electronic Filing Menu

Corporate Filing Menu

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#### COVER LETTER

SUBJECT: San	nuels & Associ	iates Managemen	tLLC			•	
	· 1000-00-00-00-00-00-00-00-00-00-00-00-00		Name of Lim	ited Liability C	Company		<u>-</u>
The enclosed "Ap Existence, and ch	oplication by Fi	oreign Limited Li ted to register the	iability Company above reference	for Authorizated foreign limit	ion to Transact B ed liability compa	usiness in Florida, my to transact busi	" Certificate of horses in Florida.
Please return all o	correspondence	concerning this	matter to the foll	owing:			
					:		
	······································		Name	of Person			•
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			City/State	and Zip Code			
	**************************************	E-mail addres	ss: (to be used to	r future annual	report notification	n)	<del>-</del>
For further inform	nation concern	ing this matter, pl	lease call;				
						•	
<u></u>	Name	of Contact Perso	on ,	Area Code	Daytime Te	dephone Number	<del>-</del>
MAILT Division	NG ADDRESS of Corporatio	<u>S:</u> os			STREET ADDE		
Registra P.O. Bo	tion Section x 6327				Registration Sect Clifton Building 2661 Executive (		
រ ងរសេរង	ssee, FL 32314				Tallahassee, FL		
Enclosed is a che	ek for the follo ,00 Filing Fee	owing amount:			g Fec & □ \$10	60,00 Filing Fee, (	Certificate
	•	Certificate of		lenified Copy	of Sta	atus & Certified Co	opv

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

Samuels & Associates	Management LLC			
(Name of Fore	eign Limited Liability Company; must inc	lude "Limited Lia	bility Company," "L.L.C." or	ILCE)
(If name unavailable, enter al Liability Company," "L.L.C."	Remate name adopted for the purpose of a	ransacting busines	ss in Florida. The alternate name	e must include "Limited
2 Massachusetts		3. 04-3448016		
(Jurisdiction under the law compuny is organized)	of which foreign limited hability	·	(FEI number, if applicable)	1
4.	Duta thus transcata Decimas in	Plantin (Carton)		
	(Dute first transacted business in (See sections 605 0904 & 605,090)	i racius, a.prior e 5, F.S. to determin	e penalty fiability)	الميرية
s. 136 Brookline Avenue		·		
Boston, MA 02215				3
136 Brookline Avenue	(Street Address of Princ	ipal (Iffice)		
1. 136 thooking Avenue				
Boston, MA 02215				
	(Mətling Addr	283)		
7. Name and street addres	s of Florida registered agent: (P.O. E	lox NOT accept	table)	
Name:	C T Corporation System			
tsame;	1200 South Dine Valend Book	_ <del></del>	<b>-</b> •	
Office Address:	1200 South Pine Island Road	<del></del>	~~	
	Plantation		Florida 33324 (Zip cede)	
Registered agent's accep-			(Zip cede)	
lesignated in this applicate complywith the provision	gisteréd agent and to accept service aton, I hereby accept the appointment ons of all statutes relative to the propay position as registered agent.  C T Corporation System	t as registered a per and complete CHRIS RICK	gent and agree to uct in this e performance of my duties.	capacity. I further agree
	(Registered	agent's signature)		
8. The name, title or capa	icity and address of the person(s) who	has/have author	rity to manage is/are;	
Thomas P. Bloch, 136 Bro	ookline Avenue, Boston, MA 02215	(Manager)		
Joel Sklar, 136 Brookline	Avenue, Boston, MA 02215 (Mar	nager)		h <sub>a</sub> , p
Steven B. Samuels, 136 B	rookline Avenue, Boston, MA.02215	(Manag	ier)	
	Jha		un language, a translation of	
	in accordance with section 605:0203			
abbuitted in a document to	the Department of State constitutes a	third degree feld	ony as provided for in 5.817.1	55, F.S.

Typed or printed name of signee

Thomas P. Bloch



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

April 28, 2017

### TO WHOM IT MAY CONCERN:

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

### SAMUELS & ASSOCIATES MANAGEMENT LLC

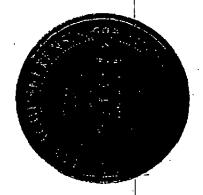
in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 26, 1998.

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.

l also certify that the names of all managers listed in the most recent filing are: THOMAS BLOCH, JOEL SKLAR, STEVEN B. SAMUELS

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: THOMAS BLOCH, JOEL SKLAR, STEVEN B. SAMUELS, ROGER DAPRATO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: THOMAS BLOCH, JOEL SKLAR, STEVEN B. SAMUELS, ROGER DAPRATO



In testimony of which,

I have hereunto affixed the

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

Secretary of the Commonwealth

Ein Francis Gallein