

m19000001576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

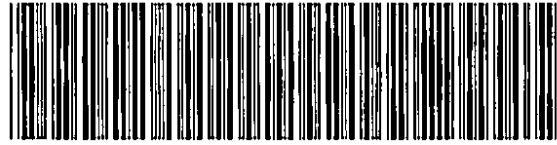
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W19-2073
LOS from 505

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12/21/18--01009--005 **125.00

LTB
2-14-19

2019 FEB 14 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEVATION 3D, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ERRICA DEVARENNE
Name of Person

ELEVATION 3D, LLC
Firm/Company

905 HARTFORD TURNPIKE
Address

SHREWSBURY, MA 01545
City/State and Zip Code

EDEVARENNE@elevation3d.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA MARTIN at (508) 755-7107
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

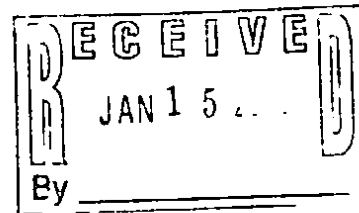
- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

Errica Devarenne
Elevation 3D, LLC
905 Hartford Turnpike
Shrewsbury, MA 01545



SUBJECT: ELEVATION 3D, LLC
Ref. Number: W19000002073

We have received your document for ELEVATION 3D, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 119A00000564

*mel Soloman
or Lyn
to call
Back
2-4-19*

2019 FEB -7 PM 10:07

*Lyn - I spoke with
mel Soloman on 2-4-18
she said to resend everything
for you to reprocess. The attached
Certificate is not a photocopy that
is how we receive it from the Commonwealth
Thank you Errica*

www.sunbiz.org

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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ELEVATION 3D, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. MASSACHUSETTS 3. 82-4397175
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A - will be 1/1/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 905 HARTFORD TURNPIKE 6. 905 HARTFORD TURNPIKE
(Street Address of Principal Office) (Mailing Address)
- SHREWSBURY, MA 01545 SHREWSBURY, MA 01545

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Jocelyn Gardner

Office Address:

4355 58th Ave N

St. Petersburg

(City)

. Florida

33714

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

MANAGER

KENNETH KARNs

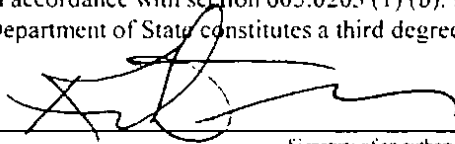
905 HARTFORD TURNPIKE

SHREWSBURY, MA 01545

(Use attachments if necessary)

9. Attached is a certificate 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Kenneth Karns

Typed or printed name of signee



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: February 08, 2019

To Whom It May Concern :

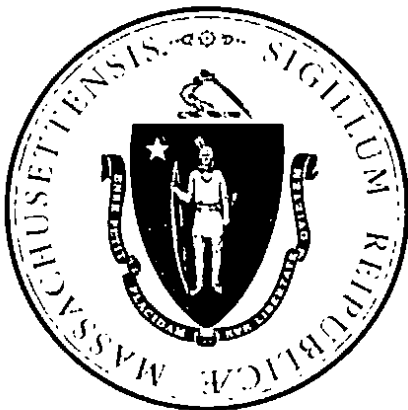
I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

ELEVATION 3D, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C,
January 31, 2018.

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2019 FEB 14 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;
that said Limited Liability Company has not been administratively dissolved; and that, so far as
appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

Certificate Number: 19020122070

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: