(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 940453 8155932

AUTHORIZATION : Spulled

COST LIMIT : \$ 125.00

ORDER DATE : October 1, 2019

ORDER TIME : 9:28 AM

ORDER NO. : 940453-005

CUSTOMER NO: 8155932

FOREIGN FILINGS

NAME: COLUMBIA CARE LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

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

IN COMPILANCE 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:

Columbia Care LLC						_
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Comp	any," "L.L.C.," or "LLC.")			
frame unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	orida The alternate n	ame must include "Limited Liabi	dity Company **	"L.L C," or "I	LC.")
Delaware		3				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if applicable)			
10/01/2019						
	(Date first transacted business in Flonda, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) tine penalty liability)				
321 Billerica Road, Suite 204 (Street Address of Principal Office) Chelmsford, MA 01824		321 Billerica Road, Suite 204 6. (Mailing Address)				
		0	(Mailing Addre	:55}		
		Chelmsford, MA 01824				
						_
	 _					_
Name and street addres	ss of Florida registered agent: (P.O. Bo	NOT accepta	ible)		20	
Name:	Corporation Service Company				2019 OCT	•
	1201 Hays Street		-		-2 /	•
Office Address:	Tallahassee		- 32301 . Florida		AH II: 31	·er
	(City)	_	(Zip code))	6	

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.

Corpopetion Service Company
By:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Nicholas Vita Michael Abbott Manager Name: Manager Name: 321 Billerica Road, Suite 204 321 Billerica Road, Suite 204 Member Address: Member Address: Chelmsford, MA 01824 Chelmsford, MA 01824 Authorized Authorized Person Person Other __Other_____ Other Other Glenn O'Brien Manager Name: Name: 321 Billerica Road, Suite 204 Address: Member ☐ Member Chelmsford, MA01824 Authorized Authorized Person Person Other____ Other_ Other_ Name: _____ Manager Manager | Name: Member Address: _____ Member Address: Authorized Authorized Person Person Other____ Other Other_ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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

Typed or printed name of signee

Glenn O'Brien

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COLUMBIA CARE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLUMBIA CARE LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

TAYS OF THE PARTY OF THE PARTY

Authentication: 203704963

Date: 10-01-19