Florida Department of State

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Foreign Limited Liability Company CROWLEY & CUMMINGS, LLC

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K. SALY EXAMINER

6/12/2014

COVER LETTER

	gistration Section Usion of Carporations				
SUBJECT:	Crowley & Cummings	LLC			
- ··		Name of Limite	d Liability Company		
				ansact Business in Florida," Certificate o y company to transact business in Floric	
Please return	n all correspondence con	cerning this matter to the	following:		
	David Crowley	····		· <u></u>	
		N	ame of Person		
	Crowley & Cumin	ings, LLC			
		ĮI	im/Company		
	980 Washington S	treel			
			€esnbbA		
	Dedham, MA 0203	26			
		City/S	inte and ZIp Code	•	
	dcrowley@crowley	andcummings.com			
		E-mail address: (to be use	d for future annual report notifi	cation)	
For further i	information concerning t	his matter, please call:			
Da	wid Crowley		at (78) 251-05	640	
	Name of C	Contact Person	Area Code Da	sytline Telephone Number	
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Itahassee, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building executive Center Circle usee, FL 32301		
Enclosed i	is a check for the fol	lowing amount:			
		2 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter elternote name adopted for the purpose (ability Company," "L.L.C," or "L.L.C.")	of transporing husiness in Florida. The alternate name must include "Li
Massachusetts	3 42-1609655
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	s in Florida, If prior to registration.) 905, F.S. to determine penalty liability)
·	
980 Washington Street	
Dedham, MA 02026	是心
	iress of Principal Office)
Same as above	Size
22.10 20 000 12	
	<u> </u>
(1)	failing Address)
. The name, title or capacity and address of the p	person(s) who has/have authority to manage is/are:
David Crowley 980 Washington St., Dedham, MA 02026	Manager
David Crowley 980 Washington St., Dedham, MA 02026	
David Crowley 980 Washington St., Dedham, MA 02026	Manager
David Crowley 980 Washington St., Dedham, MA 02026 Llica Cummings 980 Washington St., Dedham, MA 02026	Manager Manager
David Crowley 980 Washington St., Dedham, MA 02026 Llica Cummings 980 Washington St., Dedham, MA 02026 Attached is an original certificate of existence, naving custody of records in the jurisdiction under	Manager Manager no more than 90 days old, duly authenticated by the of the law of which it is organized. (A photocopy is not
lica Cummings 980 Washington St., Dedham, MA 02026 Note that the certificate of existence, in a control of the certificate is an aforejgn language.	Manager Manager no more than 90 days old, duly authenticated by the of
David Crowley 980 Washington St., Dedham, MA 02026 Lica Cummings 980 Washington St., Dedham, MA 02026 Attached is an original certificate of existence, naving custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language	Manager Manager no more than 90 days old, duly authenticated by the of the law of which it is organized. (A photocopy is not
Attached is an original certificate of existence, naving custody of records in the jurisdiction under eceptable. If the certificate is in a foreign language	Manager Manager no more than 90 days old, duly authenticated by the of the law of which it is organized. (A photocopy is not
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David Crowley 980 Washington St., Dedham, MA 02026 Llica Cummings 980 Washington St., Dedham, MA 02026 Attached is an original certificate of existence, in aving custody of records in the jurisdiction under ecceptable. If the certificate is in a foreign language must be submitted) Signature of accordance with section 605.0203, F.S., the execution of this document	Manager Manager To more than 90 days old, duly authenticated by the of the law of which it is organized. (A photocopy is not to, a translation of the certificate under oath of the translation of the certificate under oath of the translations of an authorized person ceretitutes an affirmation under the penaltics of perjury that the facu stated her

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	e of the Limited Liability C	Company is:	
Crowley & Cu	unmings, LLC		
If unavailab	le, the alternate to be used i	d in the state of Florida is:	
2. The name	e and the Florida street add	idress of the registered agent and office are:	N. 8: 08
	C T Corporation System	是三	000
		(Name)	
	1200 South Pine Island Ro	· · · · · · · · · · · · · · · · · · ·	
	Florida Stre	reet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324 City/State/Zip	
liability com registered a statutes rela	pany at the place designate gent and agree to act in this ting to the proper and comp	nt and to accept service of process for the above stated limited the stated limited the stated limited the state of the state of the state of the state of all the state of the state of the state of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida	
	C T Corporation System By:	(Signature) Jordan Brown Assistant Secretary	
	\$ 2	100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (aptional)	

\$ 5.00 Certificate of Status (optional)



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

June 5, 2014

TO WHOM IT MAY CONCERN:

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

CROWLEY & CUMMINGS. LLC

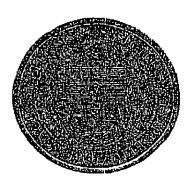
in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 19, 2003.

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: ALICIA CUMMINGS, DAVID L. CROWLEY JR.

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ALICIA CUMMINGS, DAVID L. CROWLEY JR.

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ALICIA CUMMINGS, DAVID L. CROWLEY 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 Francis Galein