

M1400 0604340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

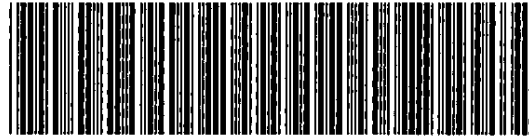
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/19/14--01011--004 \*\*130.00

14 JUN 19 PM 3:27  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**CATANZARO AND ALLEN**

**ATTORNEYS AT LAW**

100 Waverly Street  
Ashland, Massachusetts 01721

Telephone: (508) 881-4566

Facsimile: (508) 231-0975

Angelo P. Catanzaro  
Jennifer M. D. Allen

Ronald M. Stone\*  
Of Counsel

Rosemary A. Bosselait

\*Also admitted in Maine

June 13, 2014

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

**Re: 6900 Airport Pulling, LLC**

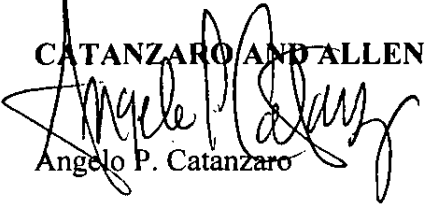
Dear Sir/Madam:

Enclosed please find Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent, Certificate of Legal Existence from the Massachusetts Secretary of State and a check in the amount of \$130.00 for the filing fee and Certificate of Status.

Thank you for your attention to this matter.

Very truly yours,

**CATANZARO AND ALLEN**

  
Angelo P. Catanzaro

APC/kmm

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 6900 Airport Pulling, 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:

**Angelo P. Catanzaro, Esq.**

Name of Person

**Catanzaro and Allen**

Firm/Company

**100 Waverly Street**

Address

**Ashland, MA 01721**

City/State and Zip Code

**apc@catallen.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Angelo P. Catanzaro, Esq.** at **508** **881-4566**

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

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

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

1. 6900 Airport Pulling, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5146065

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 259 Turnpike Road, Suite 100

Southborough, MA 01772

(Street Address of Principal Office)

6. 259 Turnpike Road, Suite 100

Southborough, MA 01772

(Mailing Address)

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

William A. Depietri, Manager

259 Turnpike Road, Suite 100

Southborough, MA 01772

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

William A. Depietri

\_\_\_\_\_  
Typed or printed name of 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 Company is:

**6900 Airport Pulling, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Business Filings Incorporated**

(Name)

**515 E. Park Avenue**


Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Tallahassee**

**FL 32301**

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

 **Assistant Secretary**  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

14 JUN 19 PM 3:27  
TALLAHASSEE, FL  
SECRETARY OF STATE



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

William Francis Galvin  
Secretary of the  
Commonwealth

Date: June 12, 2014

To Whom It May Concern :

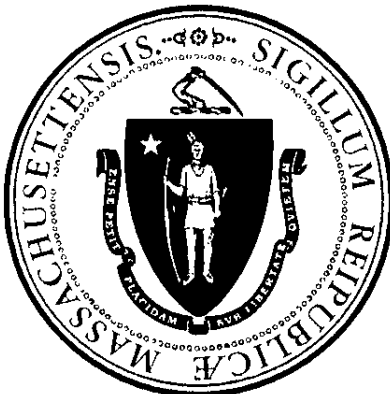
I hereby certify that a certificate of organization of Limited Liability Company was filed  
in this office by

**6900 AIRPORT PULLING, LLC**

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on  
**March 19, 2014.**

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.

14 JUN 19 PM 3:28  
RECEIVED  
SECRETARY OF THE COMMONWEALTH  
TALLAHASSEE, FLORIDA



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: 14068022290

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

Processed by: tgr