

116000220070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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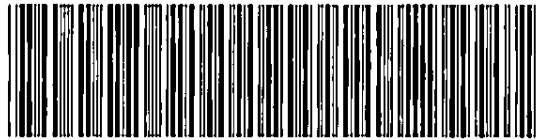
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OFFICE OF REGISTRATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 08/26/2021
Acc#I20160000072

en: c DW

Name:	Focus Brokerage, LLC
Document #:	
Order #:	13849552

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Ref# _____

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Focus Brokerage, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Lopes

Name of Person

Goodwin Procter

Firm/Company

100 Northern Avenue

Address

Boston, MA 02210

City/State and Zip Code

dlopes@goodwinlaw.com

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

For further information concerning this matter, please call:

David Lopes

Name of Person

617
at (_____) _____
Area Code

570-1059

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Focus Brokerage, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000220070

THIRD: The street address of the limited liability company's principal office is:

One Linscott Road

Woburn, MA 01801

The mailing address of the limited liability company's principal office is:

One Linscott Road

Woburn, MA 01801

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: See Attached Schedule A

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: See Attached Schedule A

b. No authority granted to: _____

DocuSigned by:

Matthew C. Regan III

Signature of authorized representative

Matthew C. Regan III

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL

Schedule A

1. May execute an instrument transferring real property held in the name of the company

Manager:

LegacyShield Solutions, Inc.

Officers:

Denis J. Clifford – President

Kindra Butler-Andersen – Vice President

Matthew C. Regan III – Corporate Secretary

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

Manager:

LegacyShield Solutions, Inc.

Officers:

Denis J. Clifford – President

Kindra Butler-Andersen – Vice President

Matthew C. Regan III – Corporate Secretary

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