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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION
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RE-SUBMIT

Please retain original filing
date of submission 5/27/09

L. SELLERS
LIMITED LIABILITY REINSTATEMENT

MAY 29 2009

FIDELITY BROKERAGE SERVICES LLC

EXAMINER

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 8:25

FILED



May 28, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FIDELITY BROKERAGE SERVICES LLC
82 DEVONSHIRE STREET, #F7B
BOSTON, MA 02109

SUBJECT: FIDELITY BROKERAGE SERVICES LLC
REF: M00000001628

RECEIVED
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT #

1. Limited Liability Company's Name

Fidelity Brokerage Services LLC

REINSTATEMENT 0809
CR2EQ11 (10/08)

2. Principal Office Address - No P.O. Box # 82 Devonshire Street		3. Mailing Office Address 82 Devonshire Street	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State Boston, MA		City & State Boston, MA	
Zip 02109	Country USA	Zip 02109	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified to do Business in Florida 8/16/2000	
6. FEI Number 04-3523439	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CIT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc. -		
City Plantation	State FL	Zip Code 33324

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, hereby accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT

**Chris McNear
Assistant Secretary**

Date **5/28/09**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	James C. Burton (Director and President)	82 Devonshire Street	Boston, MA 02109
MGR	Rodger A. Lawson (Director)	82 Devonshire Street	Boston, MA 02109
MGR	David Forman (Secretary)	82 Devonshire Street	Boston, MA 02109
MGR	Mary Brady (Assistant Secretary)	82 Devonshire Street	Boston, MA 02109
MGR	Tami R. Rush (Treasurer)	82 Devonshire Street	Boston, MA 02109

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date **5/27/09**

Daytime Phone # **617-563-7000**

Typed or printed name of signing Managing Member/Manager

Mary Brady (Assistant Secretary)