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SECRETARY OF STATE
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: taine Properties, 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:
Mary Anne McConagle (Name of Person)
Graeber, Davis + Canture PCT
15 Cottage Ave.
Quincy, MA 02169 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary Anne M Genagle at (617) 773-10662 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PAINE PROPERTIES, LLC (Name of Fore	ign Limited Liability Company)	
Massachusetts	N/A	
Jurisdiction under the law of which foreign limit ompany is organized)	ded liability 3 (FEI number, if ap	pplicable)
June 23, 2005 (Date of Organization)	5. Perpetual (Duration: Year limited liability	company will cease to
	exist or "perpetual")	, company (/////
N/A		7s 2
(Date first transacted b (See sections 608.501 &	usiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)	ECRET FCRET FCRET
41 Marie Way		~~~~ X Z ~~~
Randolph, MA 02368		1335 14.00 14.00
	reet Address of Principal Office)	T (s)
TOT: 1, 14: 1 11:		25 5
If limited liability company is a manage	r-managed company, check here X	<u></u>
Mary Paine, 41 Marie Way, Rand	lolph, MA 02368	
	nore than 90 days old, duly authenticated by the offi	
slation of the certificate under oath of the translator	(A photocopy is not acceptable. If the certificate is in must be submitted.)	in a ioreignianguage, a
Nature of business or purposes to be co	onducted or promoted in Florida: to en	gage in the
investment, ownership and develo	opment of real estate.	
X Alon	Plas	
7	er or an authorized representative of a me	emher
(In accordance with section	608.408(3), F.S., the execution of this document const	
	enalties of perjury that the facts stated herein are true.)	
Alan Paine	d or printed name of signee	
Typec	r or brance name or signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:	2005 SEC
Paine Properties, LLC	2005 NOV 28 2005 NOV 28 SECRETARY
2. The name and the Florida street address of the registered agent and office are:	28 PM 2:51 ARY OF STATE SSEE, FLORID:
Nancy Paine (Name)	2: 51
528 MT. OAK AVE N.E. Florida Street Address (P.O. Box NOT ACCEPTABLE)	
ST. PETERSBURG FL 33702 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 608, Florida Statutes.

Nancy Paine (Signature)

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



Secretary of the Commonwealth State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

November 10, 2005

The Commonwealth of Alassachusetts

TO WHOM IT MAY CONCERN:

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

PAINE PROPERTIES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 23, 2005.

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: ALAN PAINE, MARY PAINE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ALAN PAINE, MARY PAINE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ALAN PAINE, MARY PAINE



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Tranin Galicin Secretary of the Commonwealth