

MD5000006890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

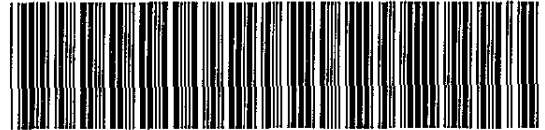
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800062087578

12/14/05--01049--002 **250.00

FILED
05 DEC 14 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 16 2005

KROKIDAS & BLUESTEIN

ATTORNEYS



600 ATLANTIC AVENUE
BOSTON, MASSACHUSETTS 02210
PHONE 617-482-7211 • FAX 617-482-7212

RICHARD M. BLUESTEIN
MARIA J. KROKIDAS
SAMUEL NAGLER
JANET STECKEL LUNDBERG
ROBERT J. GRIFFIN
VINCENT J. PISEGNA
PAUL V. HOLTZMAN
ANTHONY J. CICHELO
JENNIFER GALLOP
ELKA T. SACHS

HUGH DUN RAPPAPORT
JULIE A. HERBST
EMILY R. DAUGHTERS

ELIZABETH C. ROSS
LINDA R. BOSSE
BARBARA S. PARKER
OF COUNSEL

December 13, 2005

VIA OVERNIGHT DELIVERY

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

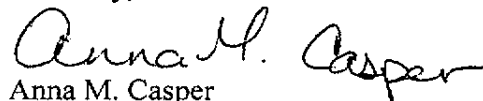
Re: **Foreign Limited Liability Company Registrations**

Dear Sir or Madam:

Enclosed for registration please find two (2) *Applications by Foreign Limited Liability Companies for Authorization to Transact Business in Florida* for New Haven Revitalization, LLC and Pompano Beach Revitalization, LLC, each accompanied by a *Certificate of Designation of Registered Agent/Registered Office* and a check in the amount of \$250 to cover the filing fees.

Upon registration, please send the Certificates of Authority to Julie Herbst Peabody at the address listed above and please feel free to contact me if you have any questions regarding the enclosed.

Sincerely,



Anna M. Casper
Paralegal

Enclosures

cc: Julie Herbst Peabody, Esq.

0892\0013\158705.1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Haven Revitalization, 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:

Julie Herbst Peabody, Esq.

(Name of Person)

Krokidas & Bluestein LLP

(Firm/Company)

600 Atlantic Avenue

(Address)

Boston, MA 02210

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey K. Lines

(Name of Person)

at (781) 551-8801

(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:

☒ \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. New Haven Revitalization, LLC
(Name of Foreign Limited Liability Company)

2. Massachusetts 3. 20-3897984
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 7, 2005 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. _____
511 Washington Street, Suite 101, Norwood, MA 02062
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Jeffrey K. Lines

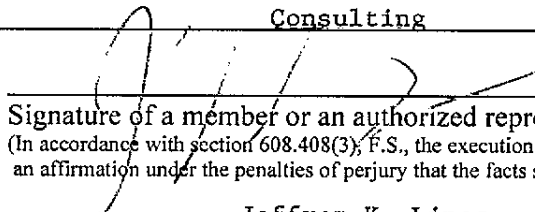
511 Washington Street, Suite 101

Norwood, MA 02062

10. 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Consulting


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey K. Lines
Typed or printed name of signee

FILED
05 DEC 14 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

New Haven Revitalization, LLC

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

William Grindl

(Name)

204 North Village Street

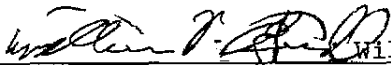
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Celebration, FL 34747

City/State/Zip

FILED
05 DEC 14 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



William Grindl

(Signature)

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



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

William Francis Galvin
Secretary of the
Commonwealth

December 7, 2005

TO WHOM IT MAY CONCERN:

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

NEW HAVEN REVITALIZATION, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 7, 2005**.

I further certify that no amendment to said certificate of organization has been filed; that, said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.

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