# MQ6000001836

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SECRETARY OF STATE SECRETARY OF STATE (Requestor's Name) AMASSEE, FLORIDA
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Casaial Instructions to Filing Office
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### **COVER LETTER**

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2006 MAR 23 P 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO:** Registration Section Division of Corporations

SUBJECT: CDP MANUFACTURING, 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:

MARCIA MORRI	S		
(Na	me of Person)		
CDP MANUFACTUR			
(Fin	m/Company)		
	44 4		
15 JONATHAN DRIV	E UNIT 6		
	(Address)		
_			
BROCKTON, MA	02301		
(City/Sta	ate and Zip Code)		
For further information concerning this matter, plea	ase call:		
and maner, place			
MARCIA MORRIS	at (508) 588-6400		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
·	Tallahassee, FL 32301		
Enclosed is a check for the following amount:	,		
□\$125.00 Filing Fee □\$130.00 Filing Fee &	□\$155.00 Filing Fee & ■\$160.00 Filing Fee, Certificate		

Certificate of Status

Certified Copy

of Status & Certified Copy

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

					200	6 MAR 23 17
COMPLIANCE W	VIIH SECTION 6	08.503, FLORII	DA STATUTES, TH	E FOLLOW!	NG IS SUBMITTED : SEC	MAR 23 EFA HORE TO RECESTER A HORE RETARY OF STATE AHASSEE, FLORID
MITEL LIABILITY	JOMPANI 10 IK	AINSACI BUSIN	ESS IN THE STATE	OF FLORID	TALL	AHASSE OF STATE
CDP	MANUFI	ACTURIO	VG, LLC			FLORID,
	(1	Name of Forei	gn Limited Liabilit	y Company)		
MASS	ACHUSETT	rs	3.	20.	0786341	
Jurisdiction unde	r the law of which	h foreign limit	ed liability	(1	- 0786341 El number, if applic	able)
company is organ	ized)					
2 \ 2	2004 ate of Organization		5.	PERF	ETUAL	
(D	ate of Organization	on)	(1	ouration: Yea	ETUAL r limited liability con tual")	npany will cease to
		JAN	1. 2006			
	(Date firs (See sectio	st transacted bu ons 608.501 &	1. 2006 usiness in Florida, i 608.502 F.S. to det	f prior to reg ermine pena	istration.) ty liability)	
15 Jo	NATHAN	DRIVE	UNIT 6	BROCK	KTON, MA	0230)
	14: 1 1 1 1 1 1					·
		(Str	reet Address of Prin	cipal Office	)	
	***.		4	11	t	
If limited liab	ility company	is a managei	r-managed comp	bany, checi	c nere [V]	
The			aftha manasina		an manaaana ana a	follower
i ne name and	i usuai busines:	s addresses	of the managing	members	or managers are a	s tonows:
MARK	Cutting	15 Jan	NATHAN DA	L <sup>₩</sup> 6	BROCKTON	MA 02301
- 11.77(1)		10 20.	.,	<del> ) -</del>	"	
PAUL S	S. WAGNER	R				11
Attached is an or	iginal certificate of	fexistence, no n	nore than 90 days of	d, duly auther	nticated by the official	having custody of recor
					If the certificate is in a	foreign language, a
slation of the cert	ificate under oath o	of the translator	must be submitted.)	)		
	_	_				
Nature of bu	siness or purpo	oses to be co	onducted or pror	noted in Fl	orida:	
			,		orida:	
Nature of bu			onducted or pror		orida:	-
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١ ١	e PRINTE	ED CIRC	wit boar	Ds		
	Signature	ED CIRC	wit boar	DS zed represe	ntative of a memb	
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١. ١	Signature (In accordar	e of a memb	er or an authorize 608.408(3), F.S., the chalties of perjury that	DS  zed represe execution of the facts state	ntative of a memb	
	Signature (In accordar	e of a memb nce with section tion under the pe	er or an authorize 608.408(3), F.S., the	zed represe execution of t the facts state	ntative of a memb his document constitute ed herein are true.)	

## FILED

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE AGENT/REGISTERED OFFICE 1: 53

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUFES, THE JUNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of	the Limited Li	lability Compar	ny is:		
CDP	MANUFA	CTURING,	rrc		
2. The name an	d the Florida s	treet address of	the register	ed agent and office a	re:
	Paul	B. Cut	ting.		
			(Name)		<del></del>
	15331	FLIGHT	PATH	DRIVE	
	Flo	orida Street Addre	ss (P.O. Box ]	NOT ACCEPTABLE)	<del></del>
	BROOKE	SVILLE	FL	34604	
			City/State/Z	ip	

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

MASSACHUSETTS DEPT, OF REVENUE P.O. BOX 7066 BOSTON, MA 02204



ALAN LeBOVIDGE, COMMISSIONER ROBERT O'NEILL, BUREAU CHIEF

CDP MANUFACTURING, LLC 15 JONATHAN DRIVE UNIT6 BROCKTON, MA 02301 T/P ID 200786341 Date 3/7/2006 Bureau CERTIFICATE

#### CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

The Commissioner of Revenue certifies as of the above date, that the above named individual or entity is in compliance with its tax obligations payable under M.G.L. c. 62C, including corporation excise, sales and use taxes, sales tax on meals, withholding taxes, room occupancy excise and personal income taxes, with the following exceptions.

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals, withholding taxes, and/or room occupancy taxes related to a sole proprietorship. Persons deemed responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a Certificate.

This Certificate does not certify that the entity's standing as to taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law. Taxpayers required to collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C, SECTION 52.

Very truly yours

Robert O'Neill, Bureau Chief