

MO6 000005402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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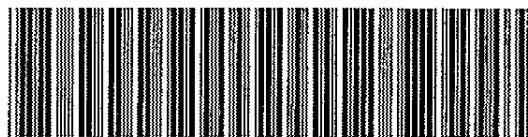
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2006

SIDNEY LEJFER
1050 WINTER STREET, SUITE 1000
WALTHAM, MA 02451

SUBJECT: HARVEST SOLUTIONS, LLC
Ref. Number: W06000039820

We have received your document for HARVEST SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 406A00054685

2006 SEP 20 PM 3:02
FILED
SECRET
HARVEST SOLUTIONS, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harvest Solutions, 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:

Sidney C. Lejfer
(Name of Person)

Harvest Solutions
(Firm/Company)

1050 Winter Street, Suite 1000
(Address)

Waltham, MA 02451
(City/State and Zip Code)

FILED
200 SEP 28 PM 3:02
TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

Sidney C. Lejfer at (781) 530-3736 x101
(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:

☐ \$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. Harvest Solutions, LLC
(Name of Foreign Limited Liability Company)
2. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3574701
(FEI number, if applicable)
4. 9/13/01
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 5/15/06
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1050 Winter Street, Suite 1000
Waltham, MA 02451
(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:

Sidney C. Lejfer, Harvest Solutions, 1050 Winter St, Ste 1000
Waltham, MA 02451

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: Customer Relationship Management Consulting & Training Services.

Sidney C. Lejfer
Signature of a member or an authorized representative of a member.
(In accordance with section 608.40(2), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sidney C. Lejfer
Typed or printed name of 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:

Harvest Solutions, LLC

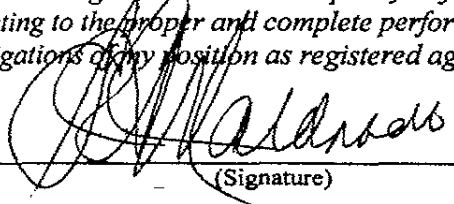
2. The name and the Florida street address of the registered agent and office are:

Ernest Maldonado
(Name)

c/o Harvest Solutions, 3350 SW 148th Ave, Suite 110
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Miramar FL 33027
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.


(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

June 26, 2006

TO WHOM IT MAY CONCERN:

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

HARVEST SOLUTIONS, L.L.C.

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 14, 2001.**

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: **SIDNEY C. LEJFER**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SIDNEY C. LEJFER**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **SIDNEY C. LEJFER**



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

Processed By:TAA

