MOG 00000 5862

•		
(Re	equestor's Name)	
(Àd	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	2 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
•	-	
,		
<u> </u>		

Office Use Only



800081061408

10/23/06--01041--011 **130.00

MOLE-5862

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mazonson, LLC	ind tickling Common	
(Name of Li	mited Liability Company)	
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	submitted to register the above referenced	
Please return all correspondence concerning this	matter to the following:	
Tonda Pratt		
4)	lame of Person)	200 TAI
		53 S 71
Chubb Licensing Services, LLC 목표 기		五日二
(F	irm/Company)	TALLAHASSEE. FLORID
		TA A
15 Mountain View Rd		25 E
	(Address)	58
Warren, NJ 07059		
(City/S	State and Zip Code)	
For further information concerning this matter, pl	lease call:	
Tonda Pratt	at (908) 903-2486	
(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: \$\sum_{\frac{1}{2}}\$125.00 Filing Fee \$\sum_{\frac{1}{2}}\$130.00 Filing Fee \$\text{Certificate of the following amount:}\$		g Fee, Certificate

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:

Mazonson, LLC		
(Name of Foreign Li	mited Liability Company) 3 03-0447790	
(Jurisdiction under the law of which foreign limited lia company is organized)	bility (FEI number, if	applicable)
4. 430 2002 (Date of Organization)	5. Perpetual (Duration: Year limited liabili exist or "perpetual")	ty company will cease to
б		77.8 Z006
(Date first transacted busines (See sections 608.501 & 608.5	ss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)	FOR T
7. 701 Edgewater Dr Suite 230 Wake	field MA 01880	T 23
701 Edgewater Dr Suite 230 Wakefie	eld MA 01880 Address of Principal Office)	SEE, FLO
8. If limited liability company is a manager-ma	naged company, check here	SATE ORIDA
9. The name and usual business addresses of th	e managing members or managers	are as follows:
Paul M Mazonson-President 701 Edge	ewater Dr. Suite 230 Wakefield	I MA 01880
John B Greenbaum-Exec VP 701 Ed	dgewater Dr. Suite 230 Wake	field MA 01880
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A planslation of the certificate under oath of the translator must	notocopy is not acceptable. If the certificate i	fficial having custody of records in a foreign language, a
11. Nature of business or purposes to be condu-	cted or promoted in Florida:	
Insurance Agency		*
(Zul~		
(In accordance with section 608.4	r an authorized representative of a r 108(3), F.S., the execution of this document cor s of perjury that the facts stated herein are true	nstitutes
PROL M MAZONS	orinted name of signee	
i ypeu or j	verifica tratitio of prelieg	

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:

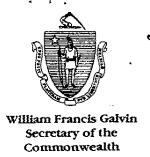
ľ	viazonson, i	LLC

2. The name and the Florida street address of the registered agent and offi	ce are: TALLAF
Corporation Service Company	TAR ASS
(Name)	FF B
1201 Hays Street	(S. 10:
Florida Street Address (P.O. Box NOT ACCEPTABLE)	RIDA RIDA
Tallahassee _{FL} 32301	
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

October 16, 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

MAZONSON LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 30, 2002.

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: PAUL M. MAZONSON

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: PAUL M. MAZONSON

The names of all persons authorized to act with respect to real property listed in the most recent filing are: PAUL M. MAZONSON



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Travin Gellein

on the date first above written.

Secretary of the Commonwealth

Processed By: jb