

MO7000001196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

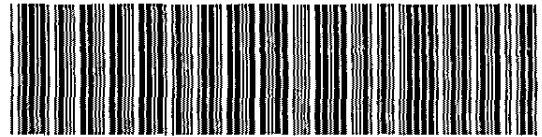
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07 FEB 28 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 774959 7471500

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : February 26, 2007

ORDER TIME : 9:50 AM

ORDER NO. : 774959-005

CUSTOMER NO: 7471500

FILED
FEB 26 2007
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: COMMONWEALTH CONTRACTING
SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

FEB. 26. 2007 8:44AM CSC16175233189

NO. 5530 P. 2

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. Commonwealth Contracting Services LLC
(Name of Foreign Limited Liability Company)
2. MA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3524366
(FEI number, if applicable)
4. 7/12/2000
(Date of Organization)
5. perpetual
(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. 9581 Fontaine Bleau Boulevard, Suite 404 Miami FL 33172
(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:

William F. Tripp 203 Spark Street Brackton MA 02302
Roger P. Cook 203 Spark Street Brackton MA 02302
Stephen L. Bowen 203 Spark Street Brackton MA 02302

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: CCS is licensed as a certified Building Contractor in the State of Florida

Stephen L. Bowen
 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.)

Stephen L. Bowen

Typed or printed name of signee

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 07 FEB 28 PM 2:51
 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:

Commonwealth Contracting Services LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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

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.

Corporation Service Company

By:


(Signature)

**Troy Todd
as its agent**

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

February 26, 2007

TO WHOM IT MAY CONCERN:

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

COMMONWEALTH CONTRACTING SERVICES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 12, 2000.**

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:
WILLIAM F. TRIPP

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

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **WILLIAM F. TRIPP**



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

