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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Suffolk WPB Property LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
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4. BRYAM DEC 1 8-2007

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12/17/2007

CT CORP

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY CON | MPANY TO TRANSACT BUSINESS | IN THE STA | TEOFFLORIDA: | | |
|---|---|--------------------------------|---|-----------------------------|--------------------|
| 1. Suffolk WPB Proper | • | | | | |
| (Name of Foreign | n Limited Liability Company; mu | ıst include " | Limited Liability Con | pany," "L.L.C.," or "L | LC.") |
| consent of the managers Company," "L.L.C.," "L | eler alternate name adopted for the sor managing members adopting LC.") | | | | |
| 2. Massachusetts | | 3 | | | |
| (Jurisdiction under the company is organized | e law of which foreign limited lia | bility | (FEI nun | ber, if applicable) | |
| 4. December 11, 2007 | | 5. P | erpetual | | |
| (Date o | of Organization) | - · <u>-</u> | (Duration: Year limite exist or "perpetual") | d liability company wi | il coase to |
| Upon registration | | | | | ,- - |
| | (Date first transacted busines (See sections 608.501 & 608.5 | ss in Florida 502 F.S. to d | if prior to registration letermine penalty limbi | i.) lity) | 07 DEC 17 AM 9: 34 |
| 7. 65 Allerton Street, E | laston, MA 02119 | | • | | |
| · ———————————————————————————————————— | | | | | |
| | (Street A | Advenue of D | rincipal Office) | | c |
| | (attect 1 | routess of L | mucipal Office) | | X |
| If limited liability | y company is a manager-ma | лаged con | npany, check here | \boxtimes | ب |
| 3. The serve and war | unt business addresses afti | | | | ည္ |
| | ual business addresses of the | e managin | ig memoers or man | agets are as tottom | s: * |
| John F. Fish, 65 All | erton Street, Boston, MA 02119 | | | | |
| | | | | | |
| ······································ | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| | al certificate of existence, no more t | | | | |
| | law of which it is organized. (Apt. | | | dificate is in a foreign la | uisneer e |
| Baugration of the centrical | te under oath of the translator must | de submitted | '} } | | |
| 1. Nature of busine | ess or purposes to be conduc | cted or bit | nnoted in Florida: | to acquire, own, hold, | develop |
| lease, finance, operate, | sell and otherwise deal with real | proper at | d to engage in any oth | er lawful activities. | |
| | / | //X/ | | | ' |
| | Λ | \mathcal{U}_{X} | Λ | | |
| | Signature of a member of | A 100 | ized representative | of a member | |
| | Signature of a member of (In accordance with section 408.4) | 98(3), F.S., ti | ne execution of this docu | ment constitutes | |
| | no affirmation under the penaltic | s of perjury th | ust the facts stated herein | are true.) | |
| | | ohn F. Fish | | | |
| | | orinted nar | ne of signee | | |
| FL057 - 06/28/2007 C T System Q | Jajine | | | | |

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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.

| If name unavailable, the a | alternate name to b | be used in the state | of Florida is: | |
|----------------------------|--|----------------------|---------------------|---------|
| | | | | |
| 2. The name and the Flor | ida street address | of the registered ag | ent and office are: | |
| | C T Corporation System | | | |
| | (Name) | | | 0EC |
| | 1200 South Pine Island Road | | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | * |
| | Plantation | FL | 33324 | မှ သ |
| . | | City/State/Zip | - | F |

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

T Corporation System CONFIE BRYAN Вy: (Signature)

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

FL037 - 06/28/2007 C T System Online



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State Kouse, Boston, Massachusetts 02133

December 11, 2007

TO WHOM IT MAY CONCERN:

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

SUFFOLK WPB PROPERTY LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 11, 2007.

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: JOHN F. FISH

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

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

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.
Millian Travino Gallein

Secretary of the Commonwealth

Processed By:jbm

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SECRETARY OF STATE VISION OF CORPORATION