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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE

JAN 0 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASHMAN 2, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business i 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:
JOHN GARVEY (Name of Person)
(Name of Person)
ASHMAN 2, LLC
(Firm/Company)
17 Stebbins Road
(Address)
Monson MA 01057 (Address) FLORID: 23
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (413) 2314499 (Area Code & Daytime Telephone Number)
(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: S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Certificate of Status S25.00 Certified Copy of S25.00 Certified C

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:

1. ASHMAN 2,	LLC					,
	(Name of F	oreign Limited Li	ability Company))		
_{2.} Nevada		3.	26-129834	4		
(Jurisdiction unde company is organ	er the law of which foreign l ized)	imited liability	(FEI number, if app	licable)	
4. 10-23-07	,	5.	Perpetua	1		
(D	ate of Organization)		(Duration: Ye exist or "perp	ar limited liability of etual")	company will cea	ise to
6. <u>N/A</u>						
	(Date first transacte (See sections 608.50	d business in Floi 1 & 608.502 F.S.	rida, if prior to reg to determine pena	gistration.) ilty liability)		
7. 62	93 W.	APP	IAN	5T.	SEC TALL	80
14 0	93 W. NOSASSA	FL 3	4446	190 J	AHA 6	JAN
		(Street Address o	f Principal Office	e)	SS.	7
8. If limited liab	ility company is a mana	ager-managed	company, chec	k here	mo.	3 m
		-			LOK VIS	ME:2
9. The name and	l usual business address	ses of the mana	ging members	or managers are	as foll	CO Amen
Marie R. G	arvey, 17 Stebbins F	Road, Monso	n MA 01057		. –	
	· · · · · · · · · · · · · · · · · · ·			_		 -
John P. Ga	arvey, 17 Stebbins I	Road, Monse	on MA 0105		, 	
	· · · · · · · · · · · · · · · · · · ·					
	iginal certificate of existence,		• •	•	~ .	•
	r the law of which it is organiz tificate under oath of the transl			If the certificate is in	a foreign langua	ige, a
uansiauon or the cen	incare tarder oduror trie transi	atormusi de suom	uucu.)			
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	Ty	ped or printed	name of signe	e		t.

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:

ASHMAN 2	2, LLC				4		_
2. The name and	d the Florida street ad ${\cal J}$ ${\cal O}$ ${\cal H}$ ${\cal N}$		J			08 JAN -2 SECRETARY ALLAHASSE	
	(Name)					E P S	
	6374			<u> </u>	51	AM II:23 OF STATE E. FLORIDA	
	Florida Str	eet Address (I	P.O. Box N	I <mark>OT</mark> ACCEPTABLE)		_	
	14000S				6	_	
		C	ity/State/Zi	p			

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.

John Nausei

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ASHMAN 2, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 23, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 23, 2007.

> ROSS MILLER Secretary of State

By