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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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EXAMINER



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ACCOUNT NO. : 072100000032
REFERENCE : 389101 4304763
AUTHORIZATION: Sould le man 1957 9
ACCOUNT NO. : 072100000032 REFERENCE : 389101 4304763 AUTHORIZATION : Spelle Man COST LIMIT : \$125.00
ORDER DATE : January 7, 2008
ORDER TIME : 11:22 AM
ORDER NO. : 389101-005
CUSTOMER NO: 4304763
·
FOREIGN FILINGS
NAME: AUDUBON ROAD ASSOCIATES, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Debbie Skipper EXT# 2948
EXAMINER:

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:

	STATE AT TO THANKING DOWNERS IN THE	STATE OF FIXALIA.
	load Associates, LLC	
(Name of Fore	eign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
Audubon Ro	ad Associates, LLC	
(If name unavailable, consent of the manag Company," "L.L.C.,"	ers or managing members adopting the alter	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
_{2.} Delaware	3	
(Jurisdiction under company is organi	the law of which foreign limited liability	(PEI number, if applicable)
4. 3/12/2004	5	Perpetual
	te of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Not Applica	able	PEC 3
v- <u> </u>	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	(Duration: Year limited liability company will cease to exist or "perpetual") orida, if prior to registration.) to determine penalty liability)
7. 50 Milk Str	eet, Boston, MA 02109	
		E. E. S.
	(Street Address	of Principal Office)
B. If limited liabil	lity company is a manager-managed	
9. The name and	usual business addresses of the mana	aging members or managers are as follows:
Karen Kro	ner, 474 Glen Road, Westo	on, MA 02493
he jurisdiction under t	ginal certificate of existence, no more than 90 d the law of which it is organized. (A photocopy licate under oath of the translator must be subm	ays old, duly authenticated by the official having custody of records in vis not acceptable. If the certificate is in a foreign language, a nitted.)
11. Nature of bus	iness or purposes to be conducted or	promoted in Florida: To acquire, hold,
	nerwise invest in real estate	
		horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)

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:
Audubon Road Associates, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
Audubon Road Associates, 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 City/State/Zip
City/State/2ip
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.
ROBERT PORAvect, Asst. U.P
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "AUDUBON ROAD ASSOCIATES, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWELFTH DAY OF MARCH, A.D. 2004, AT 1:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "AUDUBON ROAD ASSOCIATES,"

LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online at corp. delaware.gov/authver.shtml

Warriet Smith Windson, Secretary of State

namet Smith Windsor, Secretary or S

AUTHENTICATION: 6226385

DATE: 12-11-07