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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

FEB 13 2008

**EXAMINER** 

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: F.S. Davis, LLC (Name of Limit	ted Liability Company)
•• • • • •	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Leo J. Cushing, Esq.	
(Nar	ne of Person)
Cushing & Dolan, P.C.	
(Fir	m/Company)
24 School Street, Suite 300	)
(	(Address)
Boston, MA 02108	to and 7 in Code)
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	ase call:
Leo J. Cushing, Esq.	at (617 ) 523-1555
(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:  \$\sum \\$125.00 \text{ Filing Fee}   \\$130.00 \text{ Filing Fee & Certificate of } \end{align*}	\$155.00 Filing Fee & \$160.00 Filing 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: F.S. Davis, LLC ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Middlesex County, Massachusetts
(Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) company is organized) 4. June 17, 2003
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 189 Main Street, North Reading, MA 01864 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \( \sqrt{} \) 9. The name and usual business addresses of the managing members or managers are as follows: Franklin S. Davis 15780 Glenisle Way, Fort Myers, FL 33912 Carolyn A. Leighton 37 Green Road Amherst, NH 03031 Marilyn D. Archibald & David W. Archibald, Trustees of the Marilyn D. Archibald Family Trust u/d/t 6/6/1997 - One Meadowsweet Road, West Newbury, MA 01985 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: To engage for profit in investments and to engage in any and all activities related thereto. 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.)

Typed or printed name of signee

Franklin S. Davis

## 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.

The name of the Limited Liability Company is:
.S. Davis, LLC
name unavailable, the alternate name to be used in the state of Florida is:
The name and the Florida street address of the registered agent and office are:
Franklin S. Davis
(Name)
15780 Glenisle Way
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Fort Myers, FL 33912 FL
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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



# The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

### February 1, 2008

### TO WHOM IT MAY CONCERN:

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

### F.S. DAVIS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 17, 2003.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

in Travino Galecin