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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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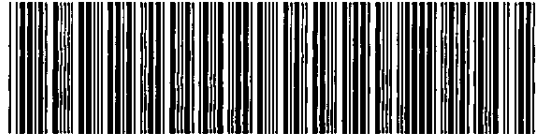
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JUL 24 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 27, 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2009

DAVID MACBURNIE / NETRESULTS MANAGEMENT LLC
P.O. BOX 81313
WELLESLEY HILLS, MA 02481

SUBJECT: NETRESULTS MANAGEMENT LLC
Ref. Number: W09000032038

We have received your document for NETRESULTS MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00023924

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETRESULTS MANAGEMENT, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in 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:

DAVID MAC BURNIE
Name of Person

NETRESULTS MANAGEMENT
Firm/Company

P.O. BOX 81313
Address

WALLESLEY HILLS, MA 02481
City/State and Zip Code

DMACBURNIE@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MAC BURNIE at (617) 875.9192
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**David MacBurnie
NETRESULTS Management
P. O. Box 81313
Wellesley Hills, MA 02481**

**Florida Dept of State
Division of Corporations
Registration Section
P O Box 6327
Tallahassee, FL 32314**

Dear Sirs,

We are a tennis management firm that is registered and does business in the state of Massachusetts since 2006. We recently won a contract bid to provide the same services for the town of Palm Beach, FL and begin in July.

We have registered for sales tax in the state of Florida and would desire to be in compliance by registering as a foreign limited liability company with the state of Florida.

I have included our registration requirements along with a letter of good standing from the state of Massachusetts. If there is anything else I can provide, please contact me at your earliest convenience.

Respectfully submitted,

**David MacBurnie
NETRESULTS Management, LLC**

**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. NET RESULTS MANAGEMENT LLC
(Name 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. MASSACHUSETTS 3. 45-0555412
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/7/06 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JULY 1, 2009
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 51 BOULDER ROAD, EXT
WILLESTON HILLS, MA 02481
(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:

DAVID MAC GURNE
P.O. BOX 81313
WILLESTON HILLS, MA 02481

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 PROVIDE
Tennis services to the Palm Beach community

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.)

DAVID MAC GURNE
Typed or printed name of signer

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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:

NETRESULTS MANAGEMENT, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

David McNamee

(Name)

2171 S COUNTY ROAD

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

PALM BEACH

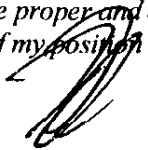
FL

33400

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(Signature)

\$ 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

June 29, 2009

TO WHOM IT MAY CONCERN:

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

NETRESULTS MANAGEMENT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 7, 2006.**

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: **DAVID MACBURNIE**

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

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID MACBURNIE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

A handwritten signature in cursive script, reading "William Francis Galvin".

Secretary of the Commonwealth

