Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001531673)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### Foreign Limited Liability Company New Boston Stiles MG LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

JUL - 2 2010

Electronic Filing Menu Corporate Filing Menu

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: New Boston Stiles MG LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid Existence, and chack are submitted to register the above referenced foreign limited liability company to transact business."	
Please return all correspondence concerning this matter to the following:	
Anne Herrington	
Name of Person	_
Rappaport, Aserkoff & Gelles	
Firm/Company	<del>-</del>
	7. 2
60 State Street, Ste. 1525	
Addross	全部 旨 一
Boston, MA 02109	ASE I
City/State and Zip Code	-82 - 1
aherrington@raglegal.com	
E-mail address: (to be used for future annual report notification)	195 <b>9</b>
Por further information concerning this matter, please call:	इनि अ
Anne Herrington at 617 227-7345	
Name of Person Area Cods & Daytime Telephone Number	<del></del>
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 \$\sum \$130.00 Filing Fee &\$155.00 Filing Fee &\$160.00 Filing Fee of Status & Certified Copy of Status & Ce	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

New Boston Stiles MG 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 writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware 3. Applied For
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)
4. 6/17/10 5. Perpetual
(Dute of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 60 State Street, Ste.1500 ≥≒ ⊆
Page MA 02100
Boston, MA 02109 (Street Address of Principal Office)
Or 11 Illitation tradition contribute to better all a managements and annual an
9. The name and usual business addresses of the managing members or managers are as follows:
New Boston MG LLC
60 State Street, Ste. 1500
Boston, MA 02109
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate New Boston Stiles MG LLC, by New Boston MG LLC, its Manager By New Boston Fund, Inc., its Manager
Sout & achelo
Signature of a member or an authorized representative of a member. (In accordance with scatton 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.)
Janet F. Aserkoff - Secretary

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.

New Bosto	on Stiles MG LLC	
If unavailable		
2. The name	and the Florida street address of the registered agent and office are:	PALLAHAS
	CT Corporation System	TAR TAR
	(Name)	SE
	1200 South Pine Island Road	TO R IT
	Florida Strest Address (P.O. Box NOT ACCEPTABLE)	S 25 CP (7)
	Plantation FL 33324	35
	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.

Kristen Betzgesignature

Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "NEW BOSTON STILES MG LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

100668176

DATE: 06-18-10