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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

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

Enail Address:

## Foreign Limited Liability Company Sort It Out, LLC

Certificate of Status	0
Certified Copy	U
Page Count	06
Estimated Charge	\$125.00

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EXAMNER/30/2011

## COVER LETTER

		Name of Limited Liability Company
ence, and	"Application by Foreign Limited to check are submitted to register t all correspondence concerning th	Liability Company for Authorization to Transact Business in Fiorids, a Chie above referenced foreign limited liability company to transact business is matter to the following:
	Patricia Bernabei	
		Name of Person
	Sort It Out, LLC	•
		Firm/Company
	10650 Bay Pointe Boulevard,	#C302
		Address
	North Ft. Myers, FL 33917	
		City/State and Zip Code
	pst@sortitoutgow.com	
	E-mail addres	s: (to be used for future annual report notification)
rther info	ormation concerning this matter, p	olease call:
Patrici	a Bernabei	at (617 ) 332-7500
	Name of Person	Area Code & Daytime Telephone Number
Division Regist P.O. B	ANG ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tablahassee, FL 32301

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managin	1g
Members of Sort It Out, LLC	
(Name of Limited Liability Company)	
a limited liability company duly organized and existing under the laws of	
Massachusetts	
(State or Country of Organization)	
Because the name of this foreign limited liability company does not satisfy the	
requirements of the s. 608.406, F.S., the limited liability company hereby adopts	the
following name to transact business in the state of Florida:	
Sort It Out Now, LLC	
(Name to be used by limited liability company in Florida, NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)	
Date: 9/29/11	
Signature(s) of Manager(s) and/or Managing Member(s):	
1/L	
	- <b>-</b> -
	-

CR2E122 (7/07)

2011 SEP 30 AM 8: 32
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 601503, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Sort It Out, LLC. (Name of Foroign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Sort It Out Now, 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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual (Date of Organization) (Duration: Yoar 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) 1234 Boylston Street Newton, MA 02467 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: 1234 Boylston Street Newton, MA 02467 10. Attached is an original certificate of existence, no more than 90 days old, thely 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: Senior Relocation & Transitions 2011 SEP 30 AM 8: 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 penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Patricia Bernabei Patricia-Bernabei 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.

If unavailable, the alternate to be used in the state of Florida is:	
Sort It Out Now, LLC	
. The name	and the Florida street address of the registered agent and office are:
	Patricia Bernaboi
	(Namo)
	10650 Bay Pointe Boulevard, C302
	10650 Bay Pointe Boulevard, C302  Florida Street Address (P.O. Box NOT ACCEPTABLE)

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.

By: (Signature) Parricka Bernabei

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

FILEU 2011 SEP 30 AM 8: 32 SEVELTARY OF STATE



#### William Francis Galvin Secretary of the Communwealth

# The Gommonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

September 28, 2011

### TO WHOM IT MAY CONCERN:

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

#### SORT IT OUT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 10, 2009.

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: PATRICIA BERNABEI

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

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



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Processed By:jbm -