M/200007068

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
DEC 19 2012
EXAMINE

Office Use Only



500242681095

12/19/12--01002--009 **155.00

2012 DEC 18 AM IC 34 DEC 18 PM 3: 59
SECRETARY SEE FLORID.

CORPDIRECT AGE 515 EAST PARK AV FALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	,	•
FILING COVER S ACCT. #FCA-14	SHEET			
CONTACT:	KATIE WO	NSCH		
DATE:	12/18/2012			
REF. #:	RA4264.177	969		2812
CORP. NAME:	PANTHER	PROPERTIES MANAGEME	ENT, LLC	AHASSEE T
() ARTICLES OF INCO	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES	OF DISSOCIUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MAR		무여 <u>~</u>
(XX) FOREIGN QUAL	IFICATION	() LIMITED PARTNERSHIP	() LIMITED LI	•
() REINSTATEMENT		() MERGER	() WITHDRAW	
() CERTIFICATE OF C	CANCELLATION			
() OTHER:				
STATE FEES PI	REPAID W	TH CHECK# <u>102523</u> FOF	R \$ <u>155.00</u>	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEB	BITED:	
		COST	Г LIMIT: \$	
PLEASE RETU	RN:			
(XX) CERTIFIED C	ОРУ	() CERTIFICATE OF GOOD	STANDING	() PLAIN STAMPED COPY
() CERTIFICATE O				•
CERTIFICATEO				

Examiner's Initials

COVER LETTER

TO:

Registration Section Division of Corporations

Panther Properties 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 ma	tter to the following:	
Katie Wonsch		
	Name of Person	- 13 A
NRAI Corporate	2912 DEC	
	Firm/Company	8555 10 10 10 10 10 10 10 10 10 10 10 10 10 1
PO Box 38413		
***************************************	Address	TOPE S
Tallahassee, FL	_ 32315	
	City/State and Zip Code	
POines@panthe	•	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please	se call:	
Katie Wonsch	850 222-1173	
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

Ł	nc.	losed	18	аç	heck	tor	the	tol	lowing	amount:
---	-----	-------	----	----	------	-----	-----	-----	--------	---------

□ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

consent of the managers or managing members adopting Company," "L.L.C," "LLC.")	the purpose of transacting business in Florida and attach a copy of the written the alternate name. The alternate name must include "Limited Liability
Massachusetts (Jurisdiction under the law of which foreign limited lia	ability 3. 27-0950025 (FEI number, if applicable)
company is organized)	
4. <u>09/15/2009</u>	5. perpetual (Duration: Year limited liability company will cease to
(Date of Organization)	exist or "perpetual")
5	TO:
(Date first transacted busine (See sections 608.501 & 608.	ess in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
300 Trade Center, Suite 7700,	Woburn, MA 01801
(Street A	
·	
. If limited liability company is a manager-ma	anaged company, check here
. The name and usual business addresses of the	he managing members or managers are as follows:
Louis F. Karger, 300 Trade Ce	nter, Suite 7700, Woburn, MA 01801
David B. Massa 200 Trada Ca	enter Suite 7700 Moburn MA 01901
David R. Masse, 300 Trade Ce	enter, Suite 7700, Woburn, MA 01801
Attached is an original certificate of existence, no more	e than 90 days old, duly authenticated by the official having custody of records
ne jurisdiction under the law of which it is organized. (A)	photocopy is not acceptable. If the certificate is in a foreign language, a
anslation of the certificate under oath of the translator mu	· · · · · · · · · · · · · · · · · · ·
1. Nature of business or purposes to be condu	octed or promoted in Florida: Own, manage or
develop real estate	
KAti- MM	All
Signature of a member o	or an authorized representative of a member.
	the execution of this document constitutes an affirmation under the

Katie Wonsch, Authorized Representative

penalties 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.)

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 Li				
Panther Propertie	s Management LLC			_
If unavailable, the alternate to	be used in the state of Florida is:			
2. The name and the Florida s	treet address of the registered agent and office are:	型 C C	2#12 DEC	ريود)
NRAI S	ervices, Inc.	HASS.	8133	
	(Name)			[7]
515 E. F	Park Avenue	8015 815 815 815 815 815 815 815 815 815 8	亞	(
F	orida Street Address (P.O. Box NOT ACCEPTABLE)	53	<u>ယ</u>	
Tallahas	see _{FL} 32301			

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.

ignature)

City/State/Zip

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

December 17, 2012

TO WHOM IT MAY CONCERN:

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

PANTHER PROPERTIES MANAGEMENT LLC

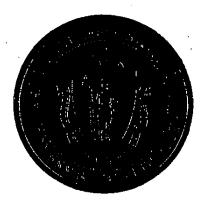
in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 15, 2009.

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: LOUIS F. KARGER, DAVID R. MASSE, DAVID C. SWEETSER

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: LOUIS F. KARGER, DAVID R. MASSE, DAVID C. SWEETSER

The names of all persons authorized to act with respect to real property listed in the most recent filing are: LOUIS F. KARGER, DAVID R. MASSE, DAVID C. SWEETSER



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 Tranino Islein