Division of Corporations

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Foreign Limited Liability Company Simon Willard LLC

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August 21, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SIMON WILLARD LLC

REF: W13000046536

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 to days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please of call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H13000185456 Letter Number: 513A00019929

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SECRETARY OF STATE

RE-SUBMIT
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CR2E027 (9/10))					
		COV	ER LETTER			
	ristration Section ision of Corporations					
SUBJECT:	Simon Willard LLC					
		Name of Lim	ited Liability Con	pany		
The enclosed Existence, ar	I "Application by Foreign Limited L ad check are submitted to register the	iability Comp e above refere	cany for Authoriza	ation to Tra ted Habiliq	ansact Business in Florida," Ce y company to transact business	nificate of in Florida
Please return	all correspondence concerning this	matter to the	following:			
	Scott Webster					
		Na	me of Person			
	Simon Willard LLC					
		Fir	m/Company			
	60 Thorcau Street, Suite # 248					
			Address			
	Concord, MA 01742					2
		City/Sta	ate and Zip Code			20
	scottwebster@comcast.net				注题 第四	AUG
	E-mail addres	s: (to be used	for future annual	report noti	fication)	20
For further in	nformation concerning this matter, p	dease call:				
Sec	ott Webster		978 at (505-94	20 COR	Ö (
	Name of Person	Arca	Code & Daytime	Telephone		2
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	Division Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations ation Section Building accutive Center Ci asec, FL 32301	Ircle		
	s a check for the following am 125.00 Filing Fce	iling Fee &	□ \$155.00 Fills Certified Co		☐ \$160.00 Filing Fee, Certifi of Status & Certified Cop	

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

Simon Willard LLC	HE STATE OF FLORIDA;		
(Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "LLC.")		
	ose of transacting business in Florida and attach a copy of the writteernate name. The alternate name must include "Limited Liability		
Delaware	3. 20-0991722		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
April 20, 2004	5. Perpetual		
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")		
September 1, 2013			
(Date first transacted business in F (See sections 608.501 & 608.502 F.)	lorida, if prior to registration.) S. to determine penalty liability)		
31510 US Highway 441			
Alachua, FL 32615	2018 FAIL		
(Street Addres	ss of Principal Office)		
If limited liability company is a manager-manager	d company, check here		
The name and usual business addresses of the ma	naging members or managers are as follows:		
Scott Webster, 60 Thoreau Street, Concord MA 01742	5 <u>~</u> •		
	NIDA NIDA		
Attached is an original certificate of existence, no more than 9 e jurisdiction under the law of which it is organized. (A photoconstation of the certificate under oath of the translator must be sure.) Nature of business or purposes to be conducted.	Deal Crista cental		
flett (all		
Signature of a member of an a	authorized representative of a member.		
dignature of a memori of an a			

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.

1. The name of the Lin Simon Willard LLC	mited Liability Company is:	
If unavailable, the alte	rnate to be used in the state of Florida is:	
2. The name and the I	florida street address of the registered agent and office a	re:
	C T Corporation System	201 FAC
·	(Name)	2013 AUG SZORET SACLAHA
	1200 South Pine Island Road	6 20 TARN
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Planta	F	AH 9:5 OF STATI OF FLORID
	City/State/Zip	
liability company at the registered agent and a statutes relating to the	registered agent and to accept service of process for the e place designated in this certificate, I hereby accept the c gree to act in this capacity. I further agree to comply wit proper and complete performance of my duttes, and I am of my position as registered agent as provided for in Cha	appointment as h the provisions of all I familiar with and
	CT Corporation System CONNIC	s Bryan
Ву:	- Comment - Assistant	Secretary

Delaware

DAGE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIMON WILLARD 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 TWENTIETH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3789969 8300

131006003

You may verify this certificate online at corp. delewers.gov/authver.ahtml

Jeffrey W. Bullock, Secretary of State

DATE: 08-20-13