## M13000006440

| (Re                     | questor's Name)  | <del> </del> |  |  |
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| (Cit                    | y/State/Zip/Phon | e #)         |  |  |
| PICK-UP                 | ☐ WAIT           | MAIL         |  |  |
| · (Bu                   | siness Entity Na | me)          |  |  |
| (Document Number)       |                  |              |  |  |
| Certified Copies        | _ Certificate    | s of Status  |  |  |
| Special Instructions to | Filing Officer:  | ···.         |  |  |
|                         |                  |              |  |  |
|                         |                  |              |  |  |
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Office Use Only 1

W13-51278



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09/11/13--01031--002 \*\*70.00

10/09/13--01025--003 \*\*55.00

SECRETARY OF STATE

N. Guilligan OCT 1 1 2013

### COVER LETTER

| TO:    |                              | ration Section<br>on of Corporations   |   |  |  |            |   |   |
|--------|------------------------------|--|---|--|--|------------|---|---|
|        |                              | Vhatever You   | •   |  |  |            |   |   |
| SORI   | ECI: _                       |  | Name  | e of Lim                                     | ited Liability Com   | ipany      | <del> </del>  |   |
|        |                              |  |   |  |  |            | ransact Business in Florida<br>ty company to transact bus |   |
| Please | return al                    | l correspondence o   | concerning this matte                                 | er to the                                    | following:   |            |   |   |
|        |                              | Charlie Less   | ard   |  |  |            |   |   |
|        |                              |  |   | Na   | me of Person   |            |   |   |
|        |                              | Whatever Yo  | ou Need!, LLC   |  |  |            |   |   |
|        |                              |  |   | Fir  | m/Company  |            |   | - |
|        |                              | 35 State Str   | eet   |  |  |            |   |   |
|        |                              |  |   |  | Address  |            | · · · · · · · · · · · · · · · · · · ·                     |   |
|        |                              | Northampto   | n, Massachuse   | tts 010                                      | 060  |            |   |   |
| •      |                              |  |   | City/Sta                                     | ate and Zip Code   |            |   |   |
|        |                              | corwynn.wm   | a@gmail.com   |  |  |            |   |   |
|        |                              |  | E-mail address: (to                                   | be used                                      | for future annual  | report not | ification)  | _ |
| For fu | rther info                   | rmation concerning   | g this matter, please                                 | call:  |  |            |   |   |
|        | Char                         | lie Lessard  |   |  | 413<br>_at (   | 320-       | 3433  |   |
|        |                              | Name   | of Person   | Area   | Code & Daytime   | Telephon   | e Number  | _ |
|        | Divisio<br>Registi<br>P.O. B | ING ADDRESS:<br>on of Corporations<br>ration Section<br>ox 6327<br>assee, FL 32314 |   | Divisior<br>Registra<br>Clifton I<br>2661 Ex | T ADDRESS:<br>n of Corporations<br>ation Section<br>Building<br>secutive Center Cissee, FL 32301 | rcle       |   |   |
| Enclo  | ■ \$12                       | check for the f<br>5.00 Filing Fee   | ollowing amount  \$130.00 Filing I  Certificate of St | Fee &  | S155.00 Filin<br>Certified Co  |            | □ \$160.00 Filing Fee. Of Status & Certified              |   |



September 16, 2013

CHARLES LESSARD WHATEVER YOU NEED!, LLC THE CENTER AT 35 STATE STREET NORTHAMPTON, MA 01060

SUBJECT: WHATEVER YOU NEED!, LLC

Ref. Number: W13000051278

We have received your document for WHATEVER YOU NEED!, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L10000043002 (WHATEVER YOU NEED, LLC).

It appears from the information on the application that your entity is a LIMITED LIABILITY COMPANY (LLC). The form filled out is for a PROFIT INCORPORATION. Enclosed for your convenience is a blank LLC application. Please be aware that there is a difference in the cost of the Filing Fee; please include a check or money order to cover the difference.

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 913A00021726

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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE<br>Whatever You Need!, LLC<br>1.   | S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN<br>STATE OF FLORIDA:  |
|---|---|
| (Name of Foreign Limited Liability Company; must include Whatever You Need - Sarasota   | e "Limited Liability Company," "L.L.C.," or "LLC.")   |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company, "L.L.C." "LLC.")  | of transacting business in Florida and attach a copy of the written attended. The alternate name must include "Limited Liability  |
| Massachusetts 3.  | 20-4878346  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)   |
| May 16, 2006  | Perpetual   |
| 4. (Date of Organization) 5.  | (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 6.  |   |
| (Date first transacted business in Flor<br>(See sections 608.501 & 608.502 F.S. t   | ta datamina manaltu liahilitu)  |
| The Center At 35 State Street, 35 State Street 7.   | to determine penalty hability)  |
| Northampton, MA 01060   |   |
| (Street Address o   | of Principal Office)  |
| 8. If limited liability company is a manager-managed of   | company, check here   |
| 9. The name and usual business addresses of the mana  | - 111 A   |
| Thomas Herman - 35 State Street, Northampt  | on MA 01060   |
| Charles Lessard - 35 State Street, Northampto   | on MA 01060   |
| 10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn | •   |
| <ol> <li>Nature of business or purposes to be conducted or<br/>To provide personal assistant services.</li> </ol>   | promoted in Florida:  |
| Marke Less  | nand  |
| Signature of a member or an aut   | horized representative of a member.   |
| penalties of perjury that the facts stated herein are true  | tion of this document constitutes an affirmation under the . I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.) |

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

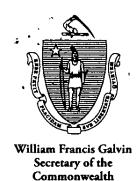
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|             | of the Limited Liability Cor<br>ou Need!, LLC        | mpany is:                                |             |
|-------------|--|--|-------------|
|             | e, the alternate to be used in<br>ou Need - Sarasota | _  |             |
| 2. The name | and the Florida street addre                         | ss of the registered agent and office ar | re:         |
|             | Lee Greenbaum  |  | 2813<br>SEC |
|             |  | (Name)                                   |             |
|             | 1331 43rd Street                                     |  | = = =       |
|             | Florida Street                                       | Address (P.O. Box NOT ACCEPTABLE)        | 五           |
| ,           | Sarasota   | <b>34234</b><br>FL                       | 8: 48 ORIUA |
|             |  | 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.

(Signature)

\$ 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 02133

### September 20, 2013

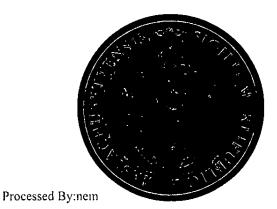
### TO WHOM IT MAY CONCERN:

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

### WHATEVER YOU NEED! LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 16, 2006.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galecin