# M14000001633

(1	Requestor's Name)			
	Address)			
(,	Address)			
^	City/State/Zip/Phone #)			
ICK-UP	☐ WAIT ☐ MAIL			
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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2014 MAR 11 AM ID 09
SECRETARY OF STATE
STALLAHASSEE, FLORIDA



ACCOUNT NO. : I2000000195

REFERENCE: 043403 7813257

AUTHORIZATION \*

COST LIMIT ':

ORDER DATE: March 6, 2014

ORDER TIME : 2:46 PM

ORDER NO. : 043403-005

CUSTOMER NO: 7813257

## FOREIGN FILINGS

NAME: MTG ACQUISTIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. MTG Acquisitions LLC				
(Name of Foreign Limited Liability Company; must in	nclude "Limited Liabil	ity Company," "L.L.C.," or "LLC	.")	
f name unavailable, enter alternate name adopted for the purpose of	of transacting business	in Florida. The alternate name inu	ıst include "	Limited
iability Company," "L.L.C," or "L.L.C.")	464666	969	74 C/1	2014 MAR 11
Massachusetts (Jurisdiction under the law of which foreign limited liability	<sub>3.</sub> 464666	(FEI number, if applicable)	<u></u>	
company is organized)		(LET Hamber, it appreciate)	# N	<del></del>
3/6/14			55F	
(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to a 05, F.S. to determine p	registration.) renalty liability)	10 m	7
224 Calvary Street Waltham	MA 02453		C0.5	
			- Sr	
(Street Addr	ess of Principal Office	)		
224 Calvary Street Waltham I	MA 02453			
				<del></del>
(Ma	illing Address)			
The name, title or capacity and address of the pe	erson(s) who has	have authority to manage	is/are:	
ANAGER - DAVID H MARCOU JR. 224 (	CALVARY STI	REET WALTHAM, MA	N 02453	}
IANAGER - DEREK R MARCOU 224 C	ALVADV STE	DEET WALTHAM M	A 0245	
IANAGER - DEREK K WARGOU 224 C	ALVARISI	KEET VVALTHAM, MA	A 0245	<u>ა</u>
Attached is an original certificate of existence, no ving custody of records in the jurisdiction under the ceptable. If the certificate is in a foreign language and be submitted)	he law of which	it is organized. (A photoc	opy is no	t
<u>a</u>				
Signature of accordance with section 605.0203, F.S., the execution of this document or aware that any false information submitted in a document to the Department.		inder the penalties of perjury that the		
DAVID H. MARCO	JA.			
Typed or print	ed name of signe	e		

# 7

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Liability (	Company is:	
MTG ACQUIS	TIONS LLC		
If unavailable, the alternate to be used in the state of Florida is:		2014 MAR SECNEIA	
2. The name and the Florida street address of the registered agent and office are:		RY OF ST	
	Corporation Service Co	mpany	- 35 03 - 37 0
(Name)			27
	1201 Hays Street	•	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			_
	Tallahassee	32301 FL	_
		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 605, Florida Statutes.

> Sue G. Knight Assistant Vice President

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



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

## March 5, 2014

### TO WHOM IT MAY CONCERN:

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

## MTG ACQUISITIONS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 30, 2014.

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: DAVID H MARCOU JR., DEREK MARCOU

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: DAVID H MARCOU JR., DEREK MARCOU

The names of all persons authorized to act with respect to real property listed in the most recent filing are: DAVID H MARCOU JR., DEREK MARCOU



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Gallein