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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : NORTHWEST REGISTERED AGENT LLC  
 Account Number : I20090000081  
 Phone : (509)768-2249  
 Fax Number : (855)330-1010

SECRETARY OF STATE  
TAM LAHASSER, FLORIDA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company  
ANDREW MITCHELL & COMPANY, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

FEB 23 2015

S. YOUNG

RECORDED  
15 FEB 20 AM 10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

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

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

1. **ANDREW MITCHELL & COMPANY, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **MASSACHUSETTS**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **N/A**

(FEI number, if applicable)

4. **N/A**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **369 WAREHAM ROAD, MARION, MA 02738**

(Street Address of Principal Office)

6. **369 WAREHAM ROAD, MARION, MA 02738**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**JAMES ANDREW TOMLINSON, MANAGER**

**369 WAREHAM ROAD, MARION, MA 02738**

8. Attached is an original certificate of existence, no more than 90 days old, duly 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the 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.)

**RILEY PARK**

Typed or printed name of signee

FILED  
15 FEB 20 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**ANDREW MITCHELL & COMPANY, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**REGISTERED AGENTS INC.**

(Name)

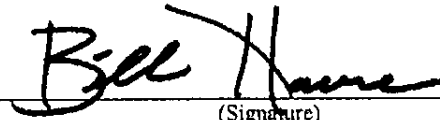
**3030 N. Rocky Point Dr., STE 150A**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa FL 33607

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.*



**BILL HAVRE, PRESIDENT**

(Signature)

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

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15 FEB 20 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02183*

Date: February 19, 2015

To Whom It May Concern :

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

**ANDREW MITCHELL & COMPANY, LLC**

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on  
**October 20, 2008.**

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.

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15 FEB 20 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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

Secretary of the Commonwealth

Certificate Number: 15021789450

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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