

MI 500 0001 8P6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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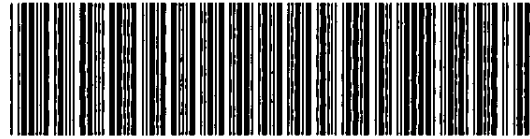
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TREASURY OF STATE  
TALLAHASSEE, FLORIDA

6212



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2014

MARK BLAISDELL  
900 CUMMINGS CENTER SUITE 309-V  
BEVERLY, MA 01915

SUBJECT: CSG&M RPB LLC  
Ref. Number: W14000043762

We have received your document for CSG&M RPB LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00015310

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CSG&M RPB 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 matter to the following:

**Mark Blaisdell**

Name of Person

**CSG&M RPB LLC**

Firm/Company

**900 Cummings Center Suite 309-V**

Address

**Beverly MA 01915**

City/State and Zip Code

**markb@nfsleasing.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mark Blaisdell**

Name of Contact Person

at ( **978** ) **338-4812**

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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 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  
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. CSG&M RPB 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 3. 47-1326077  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

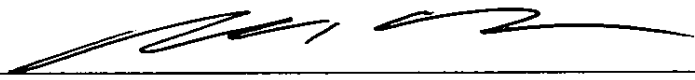
4. 08/01/2014  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 900 CUMMINGS CENTER, SUITE 226U  
BEVERLY, MA 01915  
(Street Address of Principal Office)

6. 900 CUMMINGS CENTER, SUITE 226U  
BEVERLY, MA 01915  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
CLIFFORD L. RUCKER - MANAGER & MARK BLAISDELL - MEMBER  
900 CUMMINGS CENTER, SUITE 226U  
BEVERLY, MA 01915

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.)

CLIFFORD L. RUCKER  
\_\_\_\_\_  
Typed or printed name of signee

**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:

**CSG&M RPB 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:

**CT CORPORATION SYSTEM**

(Name)

**1200 SOUTH PINE ISLAND ROAD**

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

**PLANTATION,**

**FL**

**33324**

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.*

**Tammy Tofteroo**  
**Vice 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)



William Francis Galvin  
Secretary of the  
Commonwealth

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

February 25, 2015

TO WHOM IT MAY CONCERN:

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

**CSG&M RPB LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 8, 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:  
**CLIFFORD L. RUCKER**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **CLIFFORD L. RUCKER, MARK BLAISDELL**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **CLIFFORD L. RUCKER, MARK BLAISDELL**

MASSACHUSETTS  
SECRETARY OF THE COMMONWEALTH  
15 FEB 27 AM 8:45  
FILED

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



*William Francis Galvin*

Secretary of the Commonwealth