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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842 Phone Fax Number : (850)B78-5368

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S. YOUNG

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Help

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:	Palm Harbor Pemberly	ly LLC				
SOBSECT.		Name of Limited Liability Company				
The enclosed Existence, as	d "Application by Foreig nd check are submitted t	ign Limited Liability Company for Authorization to Transact Business in Florida," Cer to register the above referenced foreign limited liability company to transact business	tificate of in Florida			
Please return	n all correspondence con	incerning this matter to the following:				
	Stephanie Briggs					
		Name of Person				
	c/o Aspen Square	Management, Inc.				
Firm/Company						
	380 Union St., Sui	site 300				
		Address				
	West Springfield,	MA 01089				
		City/State and Zip Code				
	stephanie_briggs@		5			
		E-mail address: (to be used for future annual report notification)				
For further i	nformation concerning t	this marter, please call:	翌日			
Ste	ephanie Briggs	413 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FILEU			
	Name of C	Contact Person Area Code Daytime Telephone Number);;; (i)			
Div Re _l P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	M II: 32			
	is a check for the fol \$125.00 Filing Fee C	ollowing amount: ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy				

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 RI SINESS. IN THE STATE OF FLORIDA:

Palm Harbor Pemberly LLC	
(Name of Foreign Limited Liability Company; must include "Limit	ed 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
iability Company," "L.L.C," or "LLC.")	
Delaware 3.	47 - 3660173 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	: prior to registration.) etermine penalty (lability)
5 380 Union Street, Suite 300	
Wart Springfald Ma 01000	
West Springfield, MA 01089 (Street Address of Princi	pal Office)
380 Union Street, Suite 300	
	ा संद ्रा जै
West Springfield, MA 01089	<u> </u>
(Malling Addres	3)
7. The name, title or capacity and address of the person(s) w	ho has/have authority to manage is/are:
Nones Manage II C	
Nepsa Managor LLC (Manager)	- 1 to 100
380 Union Street, Suite 300	2.2
Was Galanta Anna Anna Anna Anna Anna Anna Anna	्रुत 2
West Springfield, MA 01089	
Attached is an original certificate of existence, no more that aving custody of records in the jurisdiction under the law of ecceptable. If the certificate is in a foreign language, a translatust be submitted) PALM HARBOR PEMBERLY LLC by Nepsa Man	which it is organized. (A photocopy is not
And	when men, its community of trebes t triberty mirrorities, tite., its will
- The	
Signature of an author in accordance with section 605.0203, F.S., the execution of this document constitutes an a m aware that any false information submitted in a document to the Department of State or Fred Anthor	filtrantion under the penalties of perjury that the facts stated herein are in institutes a third degree felony as provided for in s.817,155, F.S.) ORY
Presider Typed or printed name of	
i ypcu ur printea name o	JI SIKHCC

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:		
If unavailable	, the alternate to be use	d in the state of Florida is:		_
2. The name	and the Florida street as	ddress of the registered agent a	and office are:	—
	C T Corporation System	ı		<u> </u>
		(Name)	-9	ĊΠ
	1200 South Pine Island	Road	कित्त <u>ी</u>	199.
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		TABLE)	3
	Plantation	FL 33324	.nc,	
		City/State/Zip	(3) A	-
liability compo registered age statutes relativ	any at the place designa nt and agree to act in th ng to the proper and can igations of my position of C T Corporation Sys	nt and to accept service of proc ted in this certificate, I hereby is capacity. I further agree to nplete performance of my dutie is registered agent as provided	accept the appointment as comply with the provisions of c s, and I am familiar with and	
	Ву:	(Signature)	 .	

(Signature)

Filing Fee for Application Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PALM HARBOR PEMBERLY 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 NINTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5 APR -9 MI II: 33

5724571 8300

150487406

You may verify this costificate only at corp. delaware. gov/authvor. shoul

AUTHENTY CATION: 2275619

DATE: 04-09-15