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### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

8/25/15

NAME:

POMPANO GLASTONBURY LLC

TYPE OF FILING: APPLICATION

COST:

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ACCOUNT: FCA00000015

**AUTHORIZATION:** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	Pompano Glastonbury LLC					
Name of Limited Liability Company						
	iclosed "Application by Foreign Limited Liability Company for nce, and check are submitted to register the above referenced for					
Please re	return all correspondence concerning this matter to the following	g:				
	Beth E. Widisky					
	Name of Person					
	Bernkopf Goodman LLP					
Firm/Company						
	2 Seaport Lane, 9th Floor					
	Addres	s				
	Boston, MA 02210					
	City/State and Zip Code					
	bwidisky@bg-llp.com					
	E-mail address: (to be used for futu	e annual report notification)				
For furthe	her information concerning this matter, please call:					
	Sharon Tingdahl 508	3 279-4347				
-	Name of Contact Person Ar	ea Code Daytime Telephone Number				
ī F	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				
	d is a check for the following amount:  □ \$125.00 Filing Fee \$\mathbb{\mathbb{G}}\$	.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate d 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 BUSINESS IN THE STATE OF FLORIDA:

1. Pompano Glastonbury		must include "T imit	ed Liability Company," "L.L.C.," or "I	76"\
(Manie Of Lot	agn Linnied Listing Company,	, most metade Cana	so biasing company, L.D.C., or I	<i></i>
Liability Company," "L.L.C,		rpose of transacting b	usiness in Florida. The alternate name	must include "Limited
2. Delaware		3.		
company is organized)	of which foreign limited liability	, <u></u>	(FEI number, if applicable)	
4. Upon Qualification	75			
	(Date first transacted bu (See sections 605.0904 &	isiness in Florida, il p 605.0905, F.S. to det	rior to registration.) ermine penalty liability)	
5. One Lakeshore Center	<u> </u>			
Bridgewater, MA 0232				
		of Principal Office)		
6. c/o The Claremont Con	npany, Inc., One Lakeshore C	lenter		
Bridgewater, MA 0232				
	(Maili	ing Address)		
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT a	cceptable)	
Name:	Registered Agent Solutions,	, Inc.		
Office Address:	155 Office Plaza Drive, Suit	te A		
	Tallahassee		, Florida <u>32301</u>	
Registered agent's accept	(City) ance:	)	(Zip code)	
his application, I hereby	accept the appointment as requalities relative to the proper	gistered agent and	or the above stated corporation at agree to act in this capacity. I fut ormance of my duties, and I am for the corporation at t	rther agree to comply
8. The name, title or capa	city and address of the person	ı(s) who has/have a	uthority to manage is/are:	37 R
The Claremont Company,	Inc., Manager			<b>紹立 み</b>
One Lakeshore Center			1,140,11	79 7
Bridgewater, MA 02324				
	f which it is organized. (If the		nenticated by the official having cur foreign language, a translation of the	
	Signati	ure of an authorized p	person	
his document is executed	in accordance with section 60	)5.0203 (1) (b), Flo	rida Statutes. I am aware that any fa	alse information
acumaca in a accament to	Elias Patoucheas, President o	=	e felony as provided for in s.817.15	13, 1.0.
	mining a defonctions, a residelle of	n the Clarentoni C	ompany, Inc.	

Typed or printed name of signee

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "POMPANO GLASTONBURY 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POMPANO GLASTONBURY LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST,

A.D. 2015.

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

15 AUG 25 AM 7: 01

SECRETARY OF STATE

TALL THANSFELLORIDA

5809849 8300

151213538

AUTHENT CATION: 2674511

DATE: 08-25-15

You may verify this certificate online at corp.delaware.gov/authver.shtml