## M15000007335

(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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09/10/15--01001--006 \*\*150.00

09/11/15--01002--001 \*\*10.00

TO ACKROWLEGGE SUFFICIENCY OF FILTIO

FH 4: 91

RECEIVED

2015 SEP 15 AM 9: 03

SEP 1 6 2015 J. HARRIS



## **CT** Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

September 9, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9687570 SO

Customer Reference 1:

14132.0004

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Casagold, LLC (FL) Conversion Florida

Casagold, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## COVER LETTER

TO:	Registi Divisio	ation Section n of Corporation	ns			
SUBJ		ASAGOLD, LLC				
SUDJ.	EC1		Name of	Limited Liability (	Company	
						unsact Business in Florida," Certificate of y company to transact business in Florida
Please	return all	correspondence of	concerning this matter to the	following:		
		Joanne M. Dare	dano			
			N	ame of Person		
		Goulston & Sto	orrs PC			
			F	irm/Company		<del> </del>
		400 Atlantic A	venue			
				Address		
		Boston, MA 02	110			
			City/S	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·	<del> </del>
		jdardano@gouls	tonstorrs.com			
			E-mail address: (to be use	d for future annual	report not	ification)
For fu	rther infor	mation concernin	g this matter, please call:			
	Joanne	Dardano		617 at (	574-64	31
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding secutive Center Circle see, FL 32301
Enclos		eck for the follow 5.00 Filing Fee	ing amount:  \$\sum \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



September 11, 2015

CT CORPORATION CONNIE R BRYAN

SUBJECT: CASAGOLD, LLC Ref. Number: W15000059693

We have received your document for CASAGOLD, 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 failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 715A00019169

2015 SEP 15 AH 9: 03

## 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 RUSINESS. IN THE STATE OF FLORIDA:

, CASAGOLD, LLC	OSENESS IN THE STATE	OF FLORIDA.			
	eign Limited Liability C	ompany; must include "Limited Lia	bility Company," "L.L.C.," or "	LLC.")	
(If name unavailable, enter al	ternate name adopted for	or the purpose of transacting busines	ss in Florida. The alternate name	e must include "Limited	
Liability Company," "L.L.C,"	" or "LLC.")				
2. Delaware (Jurisdiction under the law	of which foreign limited	3d liability	(FEI number, if applicable)		
company is organized)	_	·			
4	(Date first trans (See sections 605	sacted business in Florida, if prior to .0904 & 605.0905, F.S. to determin	o registration.) e penalty liability)		
5. 1312 14th Terrace					
Miami Beach, FL 3313					
	(Street	Address of Principal Office)			
6. 1312 14th Terrace	<del></del>	<u> </u>			
Miami Beach, FL 3313	35			2015 TALL	
	<del>.,</del>	(Mailing Address)		22 S	**************************************
7. Name and street addres	ss of Florida registere	d agent: (P.O. Box NOT accept	table)		anenenas Anenens
Name:	C T Corporation Sy	ystem	_	(0" #	
Office Address:	1200 South Pine Isl	and Road	_		James Names
	Plantation		_ , Florida 33324 (Zip code)	1 9: 03	b <sub>im</sub> . ·
D!-4d4)	4	(City)	(Zip code)	Şm ü	
this application, I hereby with the provisions of all the obligations of my posi	gistered agent and to accept the appointm statutes relative to th ition as registered ag	C T Corporation System	e to act in this capacity. I fi ance of my duties, and I am COONE R	urther agree to comply familiar with and acc	V
В	dy:	(Registered agent's signature)		· your	
			しはまりまださい ちん	scretary	
	•	ne person(s) who has/have autho	rity to manage is/are:		
Abner Kurtin, Manager, 7	6 Laurel Road, Chest	tnut Hill, MA 02467			
Jonathan Seelig, Trustee,	Member, 6 Longfello	w Park, Cambridge, MA 02138		<del></del>	
	of which it is organize ubmitted)	e than 90 days old, duly authenti ed. (If the certificate is in a forei			
		Signature of an authorized perso	n		
	the Department of S	ection 605.0203 (1) (b), Florida tate constitutes a third degree fel			
	Abner Kurtin				

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CASAGOLD, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10067016

Date: 09-15-15

5819753 8300 SR# 20150133749