M500010005

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W15-79259					





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2015 DEC 14 P 2: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 15 2015 O BRUCE



December 9, 2015

CATHY SOUZA PO BOX 7730 NASHUA, NH 03060

SUBJECT: EQUIVISE, LLC Ref. Number: W15000079259

We have received your document for EQUIVISE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00025744

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:Equiv	vise, LLC				
	Name of I	Limited Liability Company			
	by Foreign Limited Liability Compuburited to register the above refere				
Please return all correspond	dence concerning this matter to the	following:			
Cath	ny Souza				
	Na	ame of Person			
_ Equi	ivise, LLC				
Firm/Company					
PO E	30x 7730				
Address					
Nash	nua, NH 03060		78.00		
	City/Si	tate and Zip Code	DEC IN		
, csou	ıza@equivise.com	I for future annual report not	15 S		
For further information con	cerning this matter, please call:	rior ruture annual report not	FLORIDA F-6100	FILED	
Cathy S	Souza	at (603) 888-	-6100 P 3		
Ŋ	Name of Contact Person	Area Code Day	time Telephone Number		
MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclosed is a check for the \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Cer of Status & Certified Copy		

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

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: Equivise, 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.") 20-0334924 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/7/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 62 Middle Dunstable Road, Nashua NH 03062 (Street Address of Principal Office) PO Box 7730, Nashua, NH 03060 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) AM&E Services LLC Name: #730 605 East Robinson St Office Address: Orlando, . Florida Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper, and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. AMBE SERVICES LLC (Registered agent's signature) Lehn E. Abrams 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: John E. Pearson, mgr 62 Middle Dunstable Road 03062 Nashua, NH 9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EQUIVISE, 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 NOVEMBER, A.D. 2015.



Authentication: 10497816

Date: 11-25-15