

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000157795 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO 15		Division of Co	F. C	
المانية الأوادات المانية الأوادات		Fax Number	: (850)617-6383	לם וחיים
	_			
fa.	From:			
- 5		Account Name	: CAPITOL SERVICES, INC.	
- 157 177		Account Number	: 120160000017	- 3.5 Z
**		Phone	: (800)345-4647	77.5
,,		Fax Number	: (800)432-3622	me zs
*4			s business entity to be used r only one email address ple	TO EX
				·- (:)
</td <td></td> <td></td> <td></td> <td>207</td>				207
nter t	ne email	address for this	business entity to be used	TOTATOCER
annı	al repor	t mailings. Ente	r only one email address ple	asev** —

Foreign Limited Liability Company WEST SHORE LLC

IF POSSIBLE, **NEED ASAP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

IF POSSIBLE, NEED ASAP

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

West Shore LLC					
(Name of For	reign Limited Liability Company, mu	st Include "Limited Liability Compar	ıy,""L.L.C.,"	or "LLC;")	
(If name unavailable, onter a Liability Company," "L.L.C.	alternate name adopted for the purpose	o of transacting business in Florida.	l'he alternate n	sme must include	"Limited
2. Massachusotts	Sanggagan may sang sa sahits di manah dhari.	3 81-2017994	No. mar. and days of		
(Jurisdiction doder the law company is organized)	of which through limited liability	(PKI numb	or, if applicab	(e)	
Upon qualification					
	(Date first transacted busine (See sections 605,0904 & 605	ess in Florida, if prior to tegistration.) .0905, F.S. to determine penalty liabi	litv)		
1 Huntington Avenue	• • •		•		
Poster 364 00116				l''ap	
Boston, MA 02116	(Street Address of I	Principal Office)	.* 		
1 Huntington Avenue	(**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Es is	
7	9	<u></u>	42. 4		* * 1
Boston, MA 02116	(Malling)	Address			es c. union
F - NYaman and Subsequent and Shelin	ss of Florida registered agent: (P.	•		ें हैं	2
.:	NRAI Services, Inc.	O, HOX MOT acceptators .			1 2
Name:					MCF T Bay
Office Address:	1200 South Pine Island Road	Annual Control of the		三国門 い	
•	Plantation	, Florida 3	3324		
*	(City)		(Zip code)	****	
			od limited lia	bility company	at the place
Registered agent's accep Faving been named as re	spisierea aveni ana lo accept seri	vice of process for the above state			
Taving been named as re lesignated in this applica	ition, I hereby accept the appoint	vice of process for the above state iment as registered agent and ago	ree to act in t	his capacity. I	further agree
Taving been named as re lesignated in this upplica to complywith the provisi	stion, I hereby accept the appoint ions of all statutes relative to the p	tment as registered agent and agt	ree to act in t	his capacity. I	further agree miliar with a
Taving been named as re lesignated in this applica o complywith the provisi	ition, I hereby accept the appoint	tment as registered agent and ago proper and complete performant	ree to act in t on of my duti	his capacity. I es, and I am fa	further agree miliar with as
Taving been named as re lesignated in this applica o complywith the provisi	stion, I hereby accept the appoint ions of all statutes relative to the my position as registered agant.	tment as registered agent and age proper and complete performant Michael	ree to act in t on of my duti	his capacity. I es, and I am fa	further agree miliar with as
Taving been named as re lesignated in this upplica o complywith the provisi accept the obligations of	stion, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registered	proper and complete performant Michael ered agent's signature)	ree to act in it can of my duth. Donov.	his capacity. I es, and I am fa	further agree miliar with as
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of the B. The name, title or capa	sition, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registered and address of the person(s)	proper and complete performant Michael ered agent's signature)	ree to act in it can of my duth. Donov.	his capacity. I es, and I am fa	further agree miliar with as
Idving been named as re lesignated in this applica o complywith the provisi occept the obligations of t ccept the name, title or cape	sition, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registered and address of the person(s)	proper and complete performant Michael ered agent's signature)	ree to act in it can of my duth. Donov.	his capacity. I es, and I am fa	further agree miliar with as
Taving been named as re lesignated in this upplica o complywith the provisi accept the obligations of	sition, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registered and address of the person(s)	proper and complete performant Michael ered agent's signature)	ree to act in it can of my duth. Donov.	his capacity. I es, and I am fa	further agree miliar with as

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.

Les E. Rosenthal, President

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

June 27, 2016

TO WHOM IT MAY CONCERN:

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

WEST SHORE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 8, 2015.

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: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: LEE ERIC ROSENTHAL

The names of all persons authorized to act with respect to real property listed in the most recent filing are: LEE ERIC ROSENTHAL



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Processed By:sam

Francis Galein