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From: Account Name : C T CORPORATION SUDMISSION 9//6 Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:
Foreign Limited Liability Company 48DV, LLC Certificate of Status Certified Copy Page Count Estimated Charge S125.00
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COVER LETTER

1:

TO: Registration Section Division of Corporations

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48DV, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cliff Rahaim

Name of Person

Saxon Partners

Firm/Company

25 Recreation Park Drive-Suite 204

Address

Hingham, MA 02043

City/State and Zip Code

crahaim@saxon-partners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cliff Rahaim	. 78) at (875-3312	
Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building		
Tailahassee, FL 32314	2	1661 Executive Center Circle	
	-	Fallahassee, FL 32301	

Enclosed is a check for the following amount: I \$125.00 Filing Fee I \$130.00 Filing Fee & I \$155.00 Filing Fee & I \$160.00 Filing Fee, Certificate 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 605,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. 48DV, LLC

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By: Miller Holeler Michele Holden, Asst. Storetary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Cary Darman, Manager 25 Recreation Park Drive, Suite 204 Hinghom, MA 02043 9. Attached is a certificate of existence, no more Han-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 or of the translator must be submitted)	(If name onavailable, enter al	ign Limited Liability Company; must include "Limited L			botimited		
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Signature of an authorized person			300				
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Gary Darman Type or printed name of signee

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EL057 - 9/50/2015 Weiters Kluwer Obline

9/22/2016 11:43:52 AM From: To: 8506176383(5/5)



William Francis Galvin Secretary of the Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02133

September 20, 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

48DV, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 24, 2016.

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: GARY DARMAN

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

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



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

ranino Valeein

Secretary of the Commonwealth

Processed By:jbm

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9/22/2016 11:43:52 AM From: To: 8506176383(2/5) 850-817-8381 9/19/2016 11:18:58 AM PAGE 1/001

Fax Server



September 19, 2016

CT CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: 48DV, LLC REF: W16000064558

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Karen A Saly Regulatory Specialist II

JIGSEP 22 AMIL: 5

FAX Aud. #: H16000231121 Letter Number: 716A00020016

> *RE-SUBMIT* Please retain original filing date of submission _9/16_

P.O BOX 6327 - Tallahassee, Florida 32314