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(Re	questor's Name)			
(Ad	dress)			
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(Cit	xy/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
. (Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to				
W16-775	508			





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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2016

JOHN UDELSON 460 HARRISON AVENUE, GLLERY C2 BOSTON, MA 02118

SUBJECT: C & L RETAIL, LLC Ref. Number: W16000077508

We have received your document for C & L RETAIL, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00024567

COVER LETTER

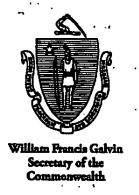
TO:	Registration Section Division of Corporation	ns				
SUBJI	C & L Retail, LLC					
		Name of	Limited Liability (Company		_
		eign Limited Liability Comp d to register the above refer				
Please	return all correspondence of	concerning this matter to the	following:			
	John Udelson					
		N	ame of Person			_
	C&L Retail, LI	.c				
		F	irm/Company		ALL	
	460 Harrison A	venue, Gllery C2			AHA	EC =
	·		Address		SSEE	EC 70 A
	Boston, MA 0	2118			or st	D D
	-	•	tate and Zip Code		RIOA	2
	accounting@ther	udelsongroup.com				
For fu	rther information concernin	E-mail address: (to be use	d for future annual	report not	incation)	
roi iu		g this matter, please can.				
	Janet McCarty	60	763 at (_)		
	Name (of Contact Person	Area Code	Day	time Telephone Numbe	r
	MAILING ADDRESS: Division of Corporations				<u>FADDRESS:</u> of Corporations	
	Registration Section	•			ion Section	
	P.O. Box 6327			Clifton B	uilding ecutive Center Circle	
	Tallahassee, FL 32314				see, FL 32301	
Enclos	sed is a check for the follow					
	□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		□ \$160.00 Filing Fee of Status & Certified	

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	eign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.	.C.," or "LLC.")	
If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of trans	sacting business in Florida. The altern	nate name must incl	lude "Limited
Massachusetts		81-2449803		
	of which foreign limited liability	(FEI number, if app	licable)	
11/01/2016				
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)	·	
108 N County Rd				
Palm Beach, FL 33480				
	(Street Address of Principal	Office)	·	
5. 460 Harrison Avenue G	iallery C2		2016 ALL ALL	
Boston, MA 02118			CHET CHET DEC	77
	(Mailing Address)		C 2	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		1
Name:	C T Corporation System			Ö
Office Address:	1200 South Pine Island Road		II: 12	
	Plantation	, Florida 33324		
	(City)	(Zip co	ode)	
lesignated in this applica o complywith the provision accept the obligations of t	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper my position as registered agent. C T Corporation System By: (Registered age	s registered agent and agree to ac and complete performance of my	et in this capacity	. I further agi
		-		
•	acity and address of the person(s) who ha	•		
John Udelson - Owner 460	0 Harrison Avenue, Glarry C2, Boston M	1A 02118		
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)			
	Signature of an au	thorized person		
	I in accordance with section 605.0203 (1) of the Department of State constitutes a thi	(b), Florida Statutes. I am aware t		ermation
aoimtea in a document it	John Udelson	nd degree leiony as provided for it	п э. о т /.1 <i>ээ</i> , г.э.	

Typed or printed name of signee



The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02183

December 8, 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

C&L RETAIL LLC

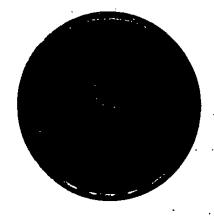
in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 7, 2016.

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: 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: THE UDELSON GROUP, LLC

The names of all persons authorized to act with respect to real property listed in the most recent filing are: THE UDELSON GROUP, LLC



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Vien Francis Gallein