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.

(((H170002224243)))



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

:cT

Division of Corporations Fax Number : (\$50)617-6393

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)203-0845

\*\*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 C.E.S. INSURANCE AGENCY, LLC Certificate of Status 0 Certified Copy 0 04 Page Count Estimated Charge \$125.00

Electronic Filing Menu Corporate Filing Menu

Help

D BRUCE AUG 22 2017

## COVER LETTER

то:	Registra Division	ation Section of Corporations								
SUBJI		.S. Insurance Agency, LLC								
0000			Name of L	imited Liability C	ompliny			_		
Existe	nce, and ch	oplication by Foreign Limited Liabi eck are submitted to register the ab	sove referer	nced foreign limite						
Please	return all e	correspondence concerning this ma	iter to the i	ollowing:						
		Brian Smith								•
			Уш	me of Person				_		
		C.E.S. Insurance Agency, LLC								
			Fin	Firm/Company				<del>-</del> • · ·		
		29 Sawyer Road								
				Address			25.	_ 2017		
		Waltham, MA 02453					L.>.	17 A T	77	
			City/Sta	ite and Zip Co.i-			3	ري- اي		
		BFleurancois@commonwealth.com	n				F.:			
	-	E-mail address:	(to be used	for future annual i	report noti	fication)	<del></del>	_>		
For fu	rther inform	nation concerning this matter, pleas	se call:					<u></u>	· • • • • • • • • • • • • • • • • • • •	
	Brian S	mith		617 at (	742-848	34	,	0 ا		
		Name of Contact Person		Area Code	Dayt	ime Telephone	Number	<del></del>		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclos		ek for the following amount: .00 Filing Fee	_	☐ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Fi of Status & C			·	

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT B		D, FLORIDA STATUTES, THE F HE STATE OF FLORIDA:	OLOWING IS SU	BMITTED TO REG	ISTER A FO	DREIGN 11	MITED LIABILIT	<i>Y</i> *
C.E.S. Insurance Ager								
		lability Company; must include	de "Limsted Liabi!	ity Company," "L	C.," ar "l	LC.")		
			<del> </del>	<del> </del>				
(If name unavailable, enter: Liability Company," "L.L.C	alternate name (," or "LLC,")	adopted for the purpose of true	asacting business i	n Florida. The alte	male hame	nust melu	de "LamiteC	
2. Massachusetts		3.						
(Jurisdiction under the lav company is organized)	v of which fore	ign limited liability		(FEI number, if ap	plicuble)			
4	(Date	first transacted business in F	orida, li pries to re	gistration.)				-
A0.00 11 1	(5ce <b>s</b> ce	ctions 605.0904 & 605.0905, I	E.S. to determine p	enalty liability)				
5. 29 Sawyer Road				<del></del>				
Waltham, MA 02453								
		(Street Address of Princips	il Office)				•	
6. 29 Sawyer Road						<b>~</b> ⊃		
Waltham, MA 02453					=	817		
		(Mailing Address	5)			• :	. A .	
7 Name and street addre	ess of Florida	registered agent: (P.O. Bo	x NOT acceptab	ole)	7.	æi - ×	g, delegand Tables to	
7. Authorite Sefect addre	NRAI Ser	-	1101	,	ည်း 🔻	<u></u>	[	
Name:					. r	~~	{ · }	
Office Address:	1200 Sout	h Pine Island Road			~1	سر <del>ت=</del> :		
	Plantation	·		Flerida 33324 (Zip		<u> </u>		
		(City)		(Zip	ode)	0 Lı		
designated in this applic	registered age atton, I herel sions of all sta	126	as registered ago	ent and agree to overformance of n	ict in this ly duties, i	capacity. and I am j	I further agre-	: nd
8. The name, title or cap	pacity and ado	tress of the person(s) who h	us/have auchority	y to monage is/ar	<b>:</b> :			
	Member,	29 Sawyer Road, Wal						
Peter T. Wheeler	Member,	29 Sawyer Road, Wa	Itham, MA 0245	<del></del>				
					-			
9. Attached is a certificat jurisdiction under the law of the translator must be	v of which it i	e, no more than 90 days old, s organized. (If the certifica	ate is in a foreign	led by the official language, a trans	having et	istody of i	records in the cate under oath	
		Signature of an a	authorized person		<del>_</del> _			
This document is execute submitted in a document	ed in accordar to the Denart	nce with section 605.0203 (ment of State constitutes a t	I) (5), Florida St hird degree (elon	atutes. I am aware y as provided for	that any . in s.817.1	false infor 55, F.S.	mation	

Typed or printed name of signee

Joseph S. Deitch



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

August 17, 2017

#### 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.E.S. INSURANCE AGENCY, LLC

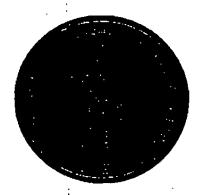
in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 1, 2017.

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: JOSEPH S. DEITCH, PETER T. WHEELER

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE** 



In testimony of which,

I have hereunto affixed the

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

Secretary of the Commonwealth

ranio Galein