

M17000008033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

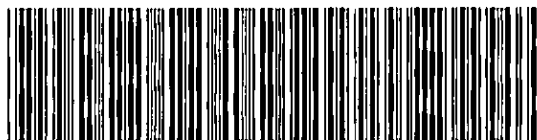
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800303607988

FILED
2017 SEP 20 AM 9:01
COURT CLERK OF SUPERIOR COURT
FALL RIVER, MA

17 SEP 20 AM 3:33
COURT CLERK OF SUPERIOR COURT
FALL RIVER, MA

K. SALY
SEP 21 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 823328 7112723

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : September 19, 2017

ORDER TIME : 10:17 AM

ORDER NO. : 823328-005

CUSTOMER NO: 7112723

FOREIGN FILINGS

NAME: ASPIRE LIFESTYLES SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62956

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aspire Lifestyles Services LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. MA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 001136846

(F.I. number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0603 & 605.0605, F.S., to determine penalty liability)

5. 515 King Street

(Street Address of Principal Office)

Suite 410

Alexandria, VA 22314

6. 515 King Street

(Mailing Address)

Suite 410

Alexandria, VA 22314

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

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 comply with 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.

Corporation Service Company

By: _____

(Registered agent's signature)

Melissa Zender

Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

See Attached

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Heather Lynn Massey, Manager

(Typed or printed name of signer)

Grant Jeffery	Manager	Suite 300, 3600 Horizon Boulevard, Trevoise, PA 19053
Heather Lynn Massey	Manager	Suite 300, 3600 Horizon Boulevard, Trevoise, PA 19053
Laurent Sabourin	Manager	Suite 300, 3600 Horizon Boulevard, Trevoise, PA 19053
Mark Graham Gustav	Manager	Suite 300, 3600 Horizon Boulevard, Trevoise, PA 19053
Martin Bernard Conneen	Manager	Suite 300, 3600 Horizon Boulevard, Trevoise, PA 19053
Mary Allison Naylor	Manager	Suite 300, 3600 Horizon Boulevard, Trevoise, PA 19053

FILED
2011 SEP 20 AM 9:01
JULIA MASSEY
JULIA MASSEY



William Francis Galvin
Secretary of the
Commonwealth

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

September 19, 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

ASPIRE LIFESTYLES SERVICES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 19, 2014.**

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: **MARY NAYLOR, HEATHER MASSEY**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MARY NAYLOR, HEATHER MASSEY**

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.

William Francis Galvin

Secretary of the Commonwealth

2017 SEP 20 AM 9:01
FILED
CLERK OF THE SECRETARY
OF THE COMMONWEALTH
OF MASSACHUSETTS