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## COVER LETTER

TO:

Registration Section

Div	rision of Corporation	is				l l	
SUBJECT:	PANNELLO SYSTEMS, LLC.					!	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					-	
		eign Limited Liability Com d to register the above refer					
Please return	n all correspondence c	oncerning this matter to the	following:				
	CHARLES MU	JRPHY					
	Name of Person						
	PANNELLO SYSTEMS LLC						
Firm/Company							
	10 DAVOL SQUARE STE 200.						
	Address						
PROVIDENCE, RI 02903							
		City/S	State and Zip Code			-,	
	TODM@PANNI	ELLOSYSTEMS.COM					
		E-mail address: (to be use	d for future annual	report notif	ication)	-	
For further i	nformation concerning	g this matter, please call:					
Cl-	CHARLES MURPHY			648-710	)		
	Name o	f Contact Person	at ( Area Code	Dayti	me Telephone Number	-	
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					
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. L'IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. PANNELLO SYSTMES LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L. C," or "LLC,") 3. 27-5412149 2 RHODE ISLAND (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) 6. 10 DAVOL SQUARE STE 200 10 DAVOL SOUARE STE 200 (Mailing Address) (Street Address of Principal Office) PROVIDENCE, RI 02903 PROVIDENCE, RI 02903 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Registered Agents, Inc. Name: 1200 South Pine Island Road Office Address: **Broward County Plantation** 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 Jenifer Vincent and accept the obligations of my position as registered agent. Vice President & Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: Name and Address: CHARLES MURPHY MEMBER 20 HUNTER AVE NEWPORT, RI 02840 STEPHEN HOLE MEMBER 107 MEADOWLARK L PORTSMOUTH, RI 02871 (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.

Harles Murphy



# State of Rhode Island and Providence Plantations Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

## LONG FORM CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

### PANNELLO SYSTEMS LLC

is a Rhode Island Limited Liability Company organized on February 10, 2011.

I further certify as of the date of this certificate the attached summary is an accurate description of all known filings made in this office by the above-named entity.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with: this office. This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Tulli U. Holen

August 29, 2017

STATE OF THE STATE

Secretary of State

Certificate Number: 17080090810

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli

IT IS FURTHER CERTIFIED that articles of amendment were filed in this office on the fourteenth day of February, 2011; and

IT IS FURTHER CERTIFIED that a fictitious business name statement was filed in this office on the twentieth day of May, 2014 under the name **COCREATE**; and

IT IS FURTHER CERTIFIED that a fictitious business name statement was filed in this office on the twenty-third day of July, 2014 under the name **Pannello**.