88 NP0000011M

(1	Requestor's Name)
(/	Address)
	Address)
	City/State/Zip/Phone #)
`	, , ,
PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
_	
2017 HOV 13 KH II: 4.5	Office Use Only
3	

2017	



100305131461

11/14/17--01038--012 **125.00

Michael See FLORIDA

S. WARREN **NOV** 1 5 2017

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Bettencourt Investme	ent Group LLC				
SOBJECT.		Name of I	limited Liability (Company		
					nsact Business in Florida," Ce company to transact business	
Please return	all correspondence c	oncerning this matter to the	following:			
	Marco Bettenco	ourt				
		Na	me of Person			
	Bettencourt Inv	estment Group LLC dba Bet	tencourt Real Esta	ate		
		Fii	тт/Сотралу			
	704 Rogers St S	Suite A				
			Address			
	Lowell, MA 01	852				
		City/St	ate and Zip Code			
	Marco@bettenco					
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	iformation concerning	g this matter, please call:				
Ma	rco Bettencourt		617 _ at (335-246		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 lahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	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, Certified Status & Certified Copy	ficate

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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

oving been named as registered agent and to accept service of process for the above stated limited liability company at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famil	(Date first transacted business in Florids, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty labelity) 704 Rogers St Suite A (Street Address of Principal Office) (Constitute Address) Name: Office Address: Marco Bettencourt 8315 Byron Avenue Apt #3 Miami Beach (Constitute Address) Miami Beach (Constitute Address Address Address Addre	(Date first transacted beatness in Plovids, if poor to registration) (See sections 603 0904 & 605.0905, F.S. to determine perality liability) 704 Rogers St Suite A (Street Address of Principal Office) Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: Miami Beach (Cay) (C	(Disc first transacted business at Florida (Front to registration) (See sections 605 0904 & 605 0905, E.S. to determine penalty liability) 704 Rogers St Suite A (Street Address of Principal Office) Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Minimi Beach (Cap)	(Copy) Copy	iame unavailable, enter alternate t	name adopted for the purpose of transacting business in	florida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC"
(Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty habitry) 704 Rogers St Suite A (Street Address of Principal Office) (Inaling Address) Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach Florida 33141 (Cap code) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family	(Date first transacted business at Plorets, if prior to registration) (See sections 605 0904 & 603 0905, F.S. to determine penalty liability) 704 Rogers St Suite A (Serie Address of Principal Office) (Analing Address) Lowell, MA 01852 Lowell, MA 01852 Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	(Date first transacted business at Floreds, if prior to registration.) (Nee sections 605 0004 & 603 0005, F.S. to determine penalty labeliny) 704 Rogers St Suite A (Steret Address of Principal Office) (Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Otlice Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Green Address: Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Name and Address:	(Due first transceled business at Planck, if prior to registration) (Nee sections 605 9904 & 605 9905, F.S. to determine penalty balabaty) 704 Rogers St Suite A (Street Address of Pinicipal Office) Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: Miami Beach (Ca)	(Cost) (Cost)	Massachusetts		3. 51-0665565	
Name: Office Address: Miami Beach Miami B	Company Comp	Company Comp	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Namin Beach (Cap.) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. 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:	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: Name and Address: Name and Address: Name and Address: Name and Address of Florida registered agent and to accept service of process for the above stated limited liability company at the infantal accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Addres	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI mun	nber, (f applicable)
Name: Office Address: Miami Beach Miami B	Company Comp	Company Comp	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Namin Beach (Cap.) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. 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:	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: Name and Address: Name and Address: Name and Address: Name and Address of Florida registered agent and to accept service of process for the above stated limited liability company at the infantal accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Addres				
Total Rogers St Suite A Total Rogers St	704 Rogers St Suite A (Street Address of Principal Office) Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: Miami Beach Miami Beach (Cay)	704 Rogers St Suite A (Street Address of Principal Office) Lowell, MA 01852 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: Miami Beach (Cay) (Cay)	Total Rogers St Suite A Street Address of Principal Office) Lowell, MA 01852 Lowe	The name, title or capacity and address of the person(s) who bus/have authority to manage is/are: Title or Capacity: Marco Bettencourt Name and Address: Name and Address: Name and Address: Name and street address of Florida registered agent: (Cap.) (Cap.		(Date first transacted business in Florids, if prior	to registration)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) (Cap) (Ca	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Florida 33141 (Cap code) Principal acceptance: Principal acceptance: Principal acceptance agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Florida 33141 (Cap code) Principle Address: Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial d accept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cft) (Cf	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt S15 Byron Avenue Apt #3 Miami Beach (Cop.) (Cop.)	704 Rogers St Suite A			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) (Cap) (Ca	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Florida 33141 (Cap code) Principal acceptance: Principal acceptance: Principal acceptance agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Florida 33141 (Cap code) Principle Address: Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial d accept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cft) (Cf	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marco Bettencourt S15 Byron Avenue Apt #3 Miami Beach (Cop.) (Cop.)	(Street Address of	Principal Office)	6. /64 Regers St State A	idress)
Name: Marco Bettencourt	Name: Marco Bettencourt Otlice Address: 8315 Byron Avenue Apt #3 Miami Beach Cap) Florida 33141 Gistered agent's acceptance: Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name: Marco Bettencourt Otlice Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name: Marco Bettencourt Otlice Address: Maini Beach Miami Beach Gray) Miami Beach Florida 33141 Gray) Gray order Gray of Florida 33141 Gray order Gray order Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthetomyly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell. MA 01852 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes whire degree felony as provided for in s.817.155, F.S.			Lowell, MA 01852	
Name: Marco Bettencourt	Name: Marco Bettencourt Otlice Address: 8315 Byron Avenue Apt #3 Miami Beach Cap) Florida 33141 Gistered agent's acceptance: Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name: Marco Bettencourt Otlice Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name: Marco Bettencourt Otlice Address: Maini Beach Miami Beach Gray) Miami Beach Florida 33141 Gray) Gray order Gray of Florida 33141 Gray order Gray order Wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthetomyly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell. MA 01852 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes whire degree felony as provided for in s.817.155, F.S.				17
Name: Marco Bettencourt	Name: Name: Otlice Address: Miami Beach (Cap.) (Cap.) Miami Beach (Cap.) (Cap.) Miami Beach (Cap.) (C	Name: Marco Bettencourt Otlice Address: Mami Beach Miami Beach (Cap) (Cap) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name: Marco Bettencourt Office Address: Maimi Beach Miami Beach Cap) Miami Beach Florida 33141 Cap code) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar diaccept the obligations of my position as registered agent. 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: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information of interest third degree felony as provided for in s.817.155, F.S.		.	75	
Name: Office Address: Miami Beach Miami Beach Cap) Gistered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family	Name: Marco Bettencourt Otflice Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) (Cay) (Cay) (Cay) Florida 33141 (Cap code) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Name: Marco Bettencourt Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) (Cay) (Cay) (Cap) (Cay) (Cap) (Cay) (Cap)	Name: Marco Bettencourt Otlice Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Miami Beach (Cay) Florida 33141 (Cap code) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and camplete performance of my duties, and I am familiar daccept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Name: Office Address: Marco Bettencourt	Name and atmost address	or of Clorich modernmed agents (D.A. D.	ve NOT againstable)	
Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) Gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furtionally with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family	Office Address: Miami Beach Florida 33141 (Zap code)	Office Address: Miami Beach Florida 33141	Office Address: 8315 Byron Avenue Apt #3 Miami Beach (Cay) (Cay) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and camplete performance of my duties, and I am familiar diaccept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Office Address: Miami Beach Florida 33141	rvanic and <u>succeaudic</u>		22 19071 acceptante)	మ్ చ
Office Address: Miami Beach Florida 33141	Office Address: Miami Beach (Cay) Gay Gay Gay Florida Florida Gay Gay Gay Gay Florida Gay Florida Gay Florida Florida Gay Gay Gay Gay Gay Gay Gay G	Office Address: Miami Beach Miami Beach (Cay) Grove Store the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A	Office Address: Miami Beach Florida 33141	Miami Beach Cap Florida 33141 Cap code	Name:	Marco Bettencourt		me a
Miami Beach (Cay) registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and camplete performance of my duties, and I am family	Miami Beach Cay) Florida 33141 Cap code) registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	Miami Beach (Cay) (Cay) (Cay) (Cay) (Cay) (Cap code) (Cap c	Miami Beach (Cay) (Cay) Florida 33141 (Cap code) registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Miami Beach (Cap.) (Office Addition	8315 Byron Avenue Apt #3		
egistered agent's acceptance: oving been named as registered agent and to accept service of process for the above stated limited liability company at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur	registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial discrept the obligations of my position as registered agent. 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: Marco Bettencourt 704 Rogers St Suite A	registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	rejistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information of mitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.	Office Address:			\subseteq_{Ξ}^{\perp} $oldsymbol{\omega}$
gistered agent's acceptance: oving been named as registered agent and to accept service of process for the above stated limited liability company at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famil	registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A	registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial discrept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information mitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.		Miami Beach	, Florida 33141	8
oving been named as registered agent and to accept service of process for the above stated limited liability company at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famil	wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar diaccept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A	wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiated accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A	wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar diaccept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discrept the obligations of my position as registered agent. 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: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 See attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in sidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information of mitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.		(Cay)	(Zip cc	xic) ~ "
(Registered agent 's signature)	Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section (05.0203 (1) (b), Florida Statutes, I am aware that any false information of mitted in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.		/ / /		
The name title or canacity 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: Managing Member Marco Bettencourt 704 Rogers St Suite A	Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Marco Bettencourt 704 Rogers St Suite A	Title or Capacity: Managing Member Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	Title or Capacity: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 Jest attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section (05.0203 (1) (b), Florida Statutes, I am aware that any false information be builted in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.		(Regestored agent	's segmanue)	
	704 Rogers St Suite A	704 Rogers St Suite A	704 Rogers St Suite A Lowell, MA 01852	Jose attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	The name title or can	. (0		
Managing Member Marco Bettencourt	704 Rogers St Suite A	704 Rogers St Suite A	704 Rogers St Suite A Lowell, MA 01852	Jose attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		acity and address of the person(s) who	has/have authority to manage is/are:	Name and Address:
	Lowell, MA 01852	Lowell, MA 01852		Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section (05.0203 (1) (b), Florida Statutes, I am aware that any false information be being the document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address:	has/have authority to manage is/are:	Name and Address:
Lowell MA 01852			se attachments if necessary)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information bmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address: Marco Bettencourt	has/have authority to manage is/are:	Name and Address:
20,001, 101,0102			se attachments if necessary)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A	has/have authority to manage is/are:	Name and Address:
GOWOII, WILL OTODA			se attachments if necessary)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A	has/have authority to manage is/are:	Name and Address:
EGWOII, MIT GTOSE			se attachments if necessary)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A	has/have authority to manage is/are:	Name and Address:
			se attachments if necessary)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A	has/have authority to manage is/are:	Name and Address:
		Jse attachments if necessary)	• *	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information builted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity: Managing Member	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	has/have authority to manage is/are:	Name and Address:
		ea attachmante if nacascans)	se anachinents ii necessary)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information of the document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity:	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A	has/have authority to manage is/are:	Name and Address:
		se attachments () necessary)	•	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity: Managing Member	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	has/have authority to manage is/are:	Name and Address:
Jse attachments if necessary)		Attached is a partitional of existence, no more than 90 days ald, duly authenticated by the official boxing austody of seconds.		the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity: Managing Member Jse attachments if neces	acity and address of the person(s) who Name and Address: Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852	has/have authority to manage is/are: Title or Capacity:	
ise attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i			omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity: Managing Member Jise attachments if necess Attached is a certificate	marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 sary) cof existence, no more than 90 days old	has/have authority to manage is/are: Title or Capacity:	naving custody of records in
ise attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Title or Capacity: Managing Member Use attachments if necess Attached is a certificate is diction under the law	Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 sary) cof existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are: Title or Capacity:	naving custody of records in
Jsc attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	115	Title or Capacity: Managing Member Jse attachments if necess Attached is a certificate risdiction under the law	Marco Bettencourt 704 Rogers St Suite A Lowell, MA 01852 sary) cof existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are: Title or Capacity:	naving custody of records in
Jse attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unit the translator must be submitted)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)		Title or Capacity: Managing Member Jse attachments if neces Attached is a certificate risdiction under the law the translator must be s	sary) sof existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	has/have authority to manage is/are: Title or Capacity: d. duly authenticated by the official hate is in a foreign language, a translate	naving custody of records intion of the certificate under
Jise attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section \$605.0203 (1) (b), Florida Statutes, I am aware that any false information in the certificate in the translator must be submitted)	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203(1) (b), Florida Statutes, I am aware that any false information	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section \$605.0203(1) (b), Florida Statutes, I am aware that any false information is executed in accordance with section \$605.0203(1) (c).	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information is executed in accordance with section 605.0203 (1) (b).		Title or Capacity: Managing Member Jee attachments if neces Attached is a certificate risdiction under the law the translator must be s This document is exec	sary) sof existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	has/have authority to manage is/are: Title or Capacity: I. duly authenticated by the official hate is in a foreign language, a translation of the company	naving custody of records intion of the certificate unde
Jse attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unit the translator must be submitted) This document is executed in accordance with section \$605.0203(1)(b), Florida Statutes, I am aware that any false information is executed in accordance with section \$605.0203(1)(b), Florida Statutes.	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203(1) (b), Florida Statutes, I am aware that any false information	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section \$605.0203(1) (b), Florida Statutes, I am aware that any false information is executed in accordance with section \$605.0203(1) (c).	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information is executed in accordance with section 605.0203 (1) (b).		Title or Capacity: Managing Member Jse attachments if neces Attached is a certificate risdiction under the law the translator must be s This document is executed.	sary) sof existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	has/have authority to manage is/are: Title or Capacity: I. duly authenticated by the official hate is in a foreign language, a translation of the company	naving custody of records intion of the certificate unde
Jse attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unit the translator must be submitted) This document is executed in accordance with section \$605.0203(1)(b), Florida Statutes, I am aware that any false information is executed in accordance with section \$605.0203(1)(b), Florida Statutes.	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i disdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information bmitted in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.		Title or Capacity: Managing Member Jse attachments if neces Attached is a certificate risdiction under the law the translator must be s This document is executed.	sary) sof existence, no more than 90 days old of which it is organized. (If the certific ubmitted) suted in accordance with section 605.02 to the Department of State constitutes at	has/have authority to manage is/are: Title or Capacity: I. duly authenticated by the official hate is in a foreign language, a translation of the complex	naving custody of records intion of the certificate unde
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unof the translator must be submitted) 7. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted). This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information mitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of a authorized person	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) 2. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S. Signature on authorized person	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature on authorized person		Title or Capacity: Managing Member Use attachments if necess Attached is a certificate risdiction under the law the translator must be so. This document is executed.	sary) sof existence, no more than 90 days old of which it is organized. (If the certific ubmitted) suited in accordance with section 605.02 of the Department of State constitutes of Signals.	has/have authority to manage is/are: Title or Capacity: I. duly authenticated by the official hate is in a foreign language, a translation of the complex	naving custody of records intion of the certificate unde

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: October 31, 2017

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

BETTENCOURT INVESTMENT GROUP, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on March 21, 2017.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which.

I have hereunto affixed the

Great Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 17110014470

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: