

M18000003769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

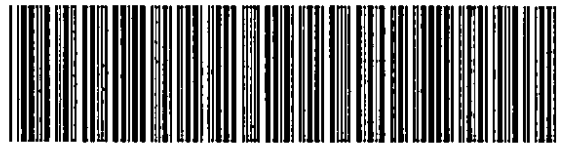
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALLS CHURCH, VA 22038

K SALY
APR 18 2018



Bean Law, LLC

40 Crescent Street, Suite 203

Waltham, MA 02453

Phone: (617) 410-6890

Fax: (617) 410-4067

Email: LBean@BeanLawLLC.com

Luke C. Bean, Esq.
Admitted in MA and NY

April 10, 2018

Via USPS

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**RE: Application by Foreign Limited Liability Company
Oliveira Holdings I, LLC**

Dear Sir or Madam:

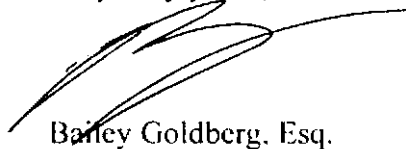
Please find enclosed the following documents related to the above captioned matter:

1. Application for Certificate of Authority by Oliveira Holdings I, LLC; and
2. Certificate of Good Standing issued by the LLC's jurisdiction of organization.

Also, enclosed is Check No. 1003 in the amount of \$125.00 for the filing fee along with a postage-paid envelope for return of the letter of acknowledgment.

Thank you for your cooperation.

Very truly yours,



Bailey Goldberg, Esq.

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oliveira Holdings I, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Luke Bean, Esq.

Name of Person

Bean Law, LLC

Firm/Company

40 Crescent Street, Suite 203

Address

Waltham, MA 02453

City/State and Zip Code

beanlaw@beanlawllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke Bean, Esq.

617

410-6611

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

1. Oliveira Holdings I, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Oliveira Family Realty, 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.")

2. Massachusetts 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 291 Governors Avenue
(Street Address of Principal Office)
Medford, MA 02155

6. 291 Governors Avenue
(Mailing Address)
Medford, MA 02155

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr., STE 150A

Tampa, Florida 33607
(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.

Bell Hume

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Manuel A. Oliveira</u> <u>291 Governors Avenue</u> <u>Medford, MA 02155</u>	_____	_____
<u>Manager</u>	<u>Maria A. Oliveira</u> <u>291 Governors Avenue</u> <u>Medford, MA 02155</u>	_____	_____

(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.

Manuel Oliveira

Signature of an authorized person

Manuel A. Oliveira

Typed or printed name of signee



William Francis Galvin
Secretary of the
Commonwealth

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

April 5, 2018

TO WHOM IT MAY CONCERN:

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

OLIVEIRA HOLDINGS I, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **April 5, 2018.**

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:
MANUEL A. OLIVEIRA, MARIA A. OLIVEIRA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MANUEL A. OLIVEIRA, MARIA A. OLIVEIRA**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MANUEL A. OLIVEIRA, MARIA A. OLIVEIRA**

In testimony of which,

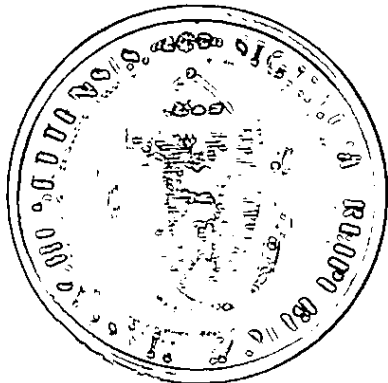
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



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18 APR 16 PM 2:29
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OFFICE OF THE SECRETARY
OF THE COMMONWEALTH