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CRETARY OF STATE LAHASSEE, FLORIDA

O SIMMONS

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

ACCOUNT NO. : 12000000195 REFERENCE : 258866 7361756 AUTHORIZATION COST LIMIT : ORDER DATE: June 15, 2018 ORDER TIME : 3:48 PM ORDER NO. : 258866-020 CUSTOMER NO: 7361756 FOREIGN FILINGS KESSLER FINANCIAL SERVICES, NAME: 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# 62969

EXAMINER: ____

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

IN COMPLANCE WHITENETHON 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPARATOTRANNACE BUNINESS IN THE STATE OF FLORIDA:

1. Kessler Financial Servi (Name of Foreign	ces, LLC Limited Liability Company; must include "Limited	d Liability Compa	ony;""I, T. C.," or "I, I.C.")	
[[f name (was allable, enter alternate in	aire adopted for the purpose of manuacting business in Fig.	nda. The alternate no	ame must include "Littated Lish	nkry Company," "1, 1, C," or "LLC.")
2. Delaware		3.		
(Jurisdiction under the law of w	bech foreign lengted leability company is organized)		(ft) maid	er, if applicable)
4				,
	(Date first tearnageed bintness in Florida, if prior to 19ee sections 605 0904 & 605,0905, F.S. to determine	ue beingki papajak) ne beingki papajak)		
5 855 Boylston Street		6. 855 B	Invision Street (Mailing Adu	
(Siren Address of I	Principal Office)		(Mailing Adar n. MA 02116	T41)
Boston, MA 02116		Bosio	H, MIX 02110	
				7.0
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept:	ible)	12 CG; 14 TI
Name:	Corporation Service Company		-	是是一
Office Address:	1201 Hays Street			FILED PH 2.1
	Tallahassee		, Florida 32301 (Zipsus	700
to comply with the provis	tion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Corporation Service (Tripany By: [Feguacied apent)	and complete	e performance of my	Roxanne Turner Asst. Vice President
S. The name, title or cap Title or Capacity:	acity and address of the person(s) who had address:		ity to manage is/are: . <u>Capacity:</u>	Name and Address:
Manager	Steven Hudson	Manage	:1	Howard Kessler
	SSS Boylston Street Boston, MA 02116	- 	· · · · · ·	855 Boylston Street Boston, MA 02116
Manager	Jim Nikopoulos	Manage	·r	Scott Shaw
	\$55 Boylston Street Boston, MA 02116	_ _		855 Boylston Street Boston, MA 02116
(Use attachments if neces	ssary) Please see attached 1-page addeng	- lum.		
9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	e of existence, no more than 90 days old, of which it is organized. (If the certifical submitted) cuted in accordance with section 605.020 of the Department of State Pensitutes at the	duly authentic to is in a forcig 3 (1) (b), Flori	in language, a translat ida Statutes. I am awa ony as provided for in	ion of the certificate under oath
	יים שוברוץ ויי.	, w		
	Howard Kessle	er	TM 5	

ADDENDUM

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

KESSLER FINANCIAL SERVICES, LLC

S. continued

	Title or Capacity	Name and Address
MANAGER.	Loreto Grimaldi	855 Boylston Street Boston, MA 02116

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KESSLER FINANCIAL SERVICES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KESSLER FINANCIAL SERVICES, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202865169

Date: 06-12-18

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