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TO:	٠	Registration Section		
		Division of Corporations		

LENGOODY REALTY, LLC

SUBJECT:	Name of I	Limited Liability C	ompany			
The enclosed "Application by Fore Existence, and check are submitted						
Please return all correspondence co	oncerning this matter to the	following:				
Michael R. Bren	nan					
	Na	me of Person				
Leslie Robert E	Leslie Robert Evans & Associates, P.A.					
	Fir	rm/Company				
214 Brazilian A	venue, Suite 200					
		Address				
Palm Beach, FL	33480					
	City/St	ate and Zip Code				
mbrennan@lrevar	nspa.com					
	E-mail address: (to be used	for future annual	report noti	fication)		
For further information concerning	g this matter, please call:					
Micahel Brennan		561 at (	721-651			
Name o	f Contact Person	Area Code	Dayt	ime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301		
Enclosed is a check for the following S125.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	te	

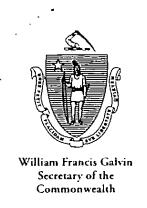
### . APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

LENGOODY REALTY	Y, LLC		
	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limite	d Liability Company," "L.L.C." or "LLC.")
2 Massachusetts		3. 26-4838428	
	hich foreign limited liability company is organized)		number, if applicable)
4			
	(Date first transacted husiness in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ne penalty liability)	T. 28
5 582 Blue Hill Avenue		6. 582 Blue Hill Avenue	2018. SEC TALL
(Street Address of I	Principal Office)		Address)
Milton, MA 02186	<del>.</del>	Milton, MA 02186	A A G -
			SET W
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	9: 5: SIAT FLORI
Name:	Leslie Robert Evans & Associates, P.A	<u></u>	RATE S
Office Address:	214 Brazilian Avenue, Suite 200		<b>**.</b>
Office Fiduless.	Palm Beach		
	(City)	, Florida 33480	p code)
	ions of all statutes relative to the proper s of my position as registored agent.		
	(Registered agent's s	ignature)	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha  Name and Address:	s/have authority to manage is/as <u>Title or Capacity:</u>	re: <u>Name and Address:</u>
AMBR	Michael G. Bloomberg	AMBR	Ellen Shapiro
	582 Blue Hill Avenue Milton, MA 02186		582 Blue Hill Avenue Milton, MA 02186
		-	
(Use attachments if neces		-	
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificate		
	euted in accordance with section 605.0203 to the Department of State constitutes a thi		

Typed or printed name of signee

Michael G. Bloomberg



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

Date: July 12, 2018

To Whom It May Concern:

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

#### LENGOODY REALTY LLC

in accordance with the provisions of Massachusetts General Laws. Chapter 156C. on May 10, 2009.

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 Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travin Galicin

Certificate Number: 18070201920

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

Processed by: