

M18 000000 8061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300317706853

2023 AUG 31 AM 11:00

RECEIVED  
DEPARTMENT OF STATE  
13 AUG 31 PM 4:08

T. CLINE

SEP -4 2018

EXAMINER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 08-31-18**

**NAME: TRADEU, LLC**

**TYPE OF FILING: FOREIGN QUALIFICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---

2018 AUG 31 AM 11:00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRADEU 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:

JACKIE BILLARD

Name of Person

POSTERNAK BLANKSTEIN & LUND LLP

Firm Company

800 BOYLSTON STREET

Address

BOSTON, MA 02199

City/State and Zip Code

paul@resupplyme.com

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

For further information concerning this matter, please call:

JACKIE BILLARD

617

973-6185

Name of Contact Person

at (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

6/11/07 3:11:00 PM

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRADEU LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")
- (If name was adopted, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")
2. NEW YORK 3. \_\_\_\_\_ (FT number, if applicable)
- (Jurisdiction under the law of which foreign limited liability company is organized)
4. APRIL 30, 2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.001 & 605.003, F.S. on statement penalty liability)
5. 12 BROOK STREET 6. 12 BROOK STREET  
(Street Address of Principal Office) (Mailing Address)
- FITCHBURG, MA 01420 FITCHBURG, MA 01420

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

Name: TRAC - The Registered Agent Company, Inc

Office Address: 236 E. 6TH AVENUE

TALLAHASSEE, Florida 32303  
(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.

[Signature] 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:	Name and Address:	Title or Capacity:	Name and Address:
<u>MGR</u>	<u>PAUL TOCCI</u>		
	<u>12 BROOK STREET</u>		
	<u>FITCHBURG, MA 01420</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 605.020(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.

[Signature]  
(Signature of authorized person)

PAUL TOCCI  
(Typed or printed name of person)

2007 AUG 31 AM 11:00

**State of New York  
Department of State } ss:**

*I hereby certify, that TRADEU LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/15/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 30th day of August  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State