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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

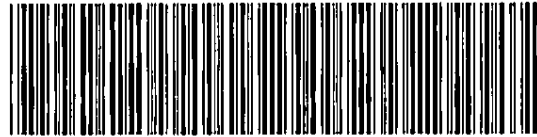
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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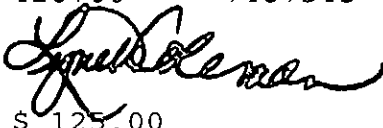
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 426700 7487545

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : October 5, 2018

ORDER TIME : 12:14 PM

ORDER NO. : 426700-005

CUSTOMER NO: 7487545

FOREIGN FILINGS

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

1. BOSTON BROAD STREET LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
2. MASSACHUSETTS
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-3167753
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida; if prior to registration, see sections 605.002 & 605.005, F.S. to determine penalty liability)
5. 5 OLIVER STREET, PO BOX 621
(Street Address of Principal Office)
HUMAROCK, MA 02047
6. 5 OLIVER STREET, PO BOX 621
(Mailing Address)
HUMAROCK, MA 02047

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

Name: PAUL GRAFFEO

Office Address: 767 NW 26TH AVE.

DELRAY BEACH, Florida 33445
(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.

Paul Graffeo
(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>MICHAEL J. GRAFFEO</u> <u>5 OLIVER ST., PO BOX 621</u> <u>HUMAROCK, MA 02047</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.

Michael J. Graffeo
MICHAEL J. GRAFFEO, MANAGER

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

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

October 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

BOSTON BROAD STREET LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 16, 2008**.

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:
MICHAEL J GRAFFEO, MARY E GRAFFEO

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MICHAEL J GRAFFEO, MARY E GRAFFEO**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MICHAEL J GRAFFEO, MARY E GRAFFEO**

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