

M19 000002394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 JUL 12 PM 12:47

Amend

JUL 09 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UFP Factory, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Desrosiers

Name of Person

UFP Factory, LLC

Firm/Company

1 Cate Street, Suite 100

Address

Portsmouth, NH 03801

City/State and Zip Code

corporate@cateops.com

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

For further information concerning this matter, please call:

Robert Desrosiers

Name of Person

at (603) 319-4400

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

RECEIVED

2019 JUL -5 PM 3:17

SECRET
TALLAHASSEE, FL

UFP Factory, LLC
1 Cate Street, Suite 100
Portsmouth, NH 03801

June 27, 2019

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Attached is the form to amend the Articles of Organization for UFP Factory, LLC. The initial form was rejected due to the signature provided and has since been corrected on this form. I was informed that the Florida Department of State would keep the \$25 filing fee previously submitted with the last form and apply it to this corrected version. The purpose of this form is to add myself, Robert Desrosiers, as Manager for UFP Factory, LLC and to change the titles for Ian Curran and Sharon Halle to Member for both individuals.

If any questions arise, please reach out at (603) 319-4400.

Thank you,



Robert Desrosiers
Manager

RECEIVED
JUL 05 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2019

ROBERT DESROSIERS
UFP FACTORY, LLC
1 CATE ST - STE. 100
PORTSMOUTH, NH 03801

SUBJECT: UFP FACTORY, LLC
Ref. Number: M19000002394

We have received your document for UFP FACTORY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to check what action to take with the manager/members listed and please sign the form.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00011156

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: UFP Factory, LLC

Enter new principal office address, if applicable: 1 Cate Street

(Principal office address
MUST BE A STREET ADDRESS)

Suite 100

Portsmouth, NH 03801

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

1 Cate Street

Suite 100

Portsmouth, NH 03801

2. The Florida document number of this limited liability company is: M19000002394

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/13/19

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

1 Cate St, Suite 100 ☒ Add

Portsmouth, NH 03801 ☐ Remove

1 Cate St, Suite 100 ☒ Add

Portsmouth, NH 03801 ☐ Remove

1 Cate St, Suite 100 ☒ Add

Portsmouth, NH 03801 ☐ Remove

☐ Add

☐ Remove

_____ ☐ Add

☐ Remove

Signature of the authorized representative

Typed or printed name of signee

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