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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAG00000023
Phone : (614) 280-3336
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
ANDPLUS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,210.00

Electronic Filing Menu

Corporate Filing Menu

Help

*UHS
3-28-19*

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:

1. ANDPLUS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Massachusetts 3. 26-0682384
(Jurisdiction under the laws of which foreign limited liability company is organized) (Filer number, if applicable)

4. October 1, 2015
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine priority liability)

5. 257 Turnpike Road, Suite 200 6. 257 Turnpike Road, Suite 200
(Street Address of Principal Office) (Mailing Address)
Southborough, MA 01772 Southborough, MA 01772

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: C T Corporation System

(Registered agent's signature)

Amy B. B. B.

AMY BENNETT
VICE PRESIDENT

8. The name, title or capacity and address of the person(s) who have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	John T. McInnes 9 Exchange Street Worcester, MA 01608		

(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.

John T. McInnes
(Signature of authorized person)

John T. McInnes

(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

February 15, 2019

TO WHOM IT MAY CONCERN:

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

ANDPLUS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 26, 2007.

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: **SEAN MAHONEY**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SEAN MAHONEY, JOHN T. MCINNES**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **SEAN MAHONEY, JOHN T. MCINNES**

In testimony of which,

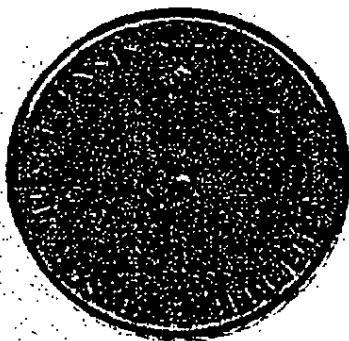
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



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