

M19000003932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

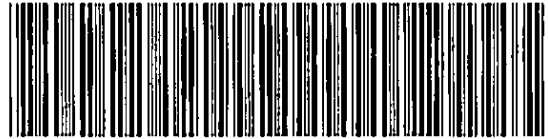
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4/18/19



KELLER AUGUSTA

April 11, 2019

Octavia L. Simmons
Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Keller Augusta, LLC
Ref #: W19000028610
Letter #: 019A00005761

Dear Octavia,

Enclosed please find our revised Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. I have revised the Florida Registered Agent as requested in your letter (reference number above). Please let me know if you need anything further to process our registration to do business in the State of Florida.

Thank you for your assistance processing this request.

Sincerely,

Carmen D. Goodrich
Chief Operating Officer
(617) 247-0505

Enc.

2019-04-11 11:11:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keller Augusta, 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:

Carmen Goodrich
Name of Person

Keller Augusta, LLC
Firm/Company

45 Newbury Street, Suite 204
Address

Boston, MA 02116
City/State and Zip Code

Carmen@Kelleraugusta.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Goodrich at (617) 247-0505
Name of Contact Person 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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. Keller Augusta, 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 transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC."

2. Commonwealth of Massachusetts 01-3561524
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1st 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 45 Newbury Street, Suite 204 Same
(Street Address of Principal Office) (Mailing Address)

Boston, MA 02116

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

Name: Corporation Service Company
Keller Augusta, LLC 1201 Hays Street
Office Address: 231 Royal Palm Way, Suite 10
Palm Beach Tallahassee
(City) (City) Florida 33460 32301
(Zip code) (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.

Deb Reeves
Assistant Vice President
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Kate M. Keller
☐ Member Address: 45 Newbury St.
☒ Authorized Suite 204
Person Boston, MA 02116
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Kaitlen Kincaid
☐ Member Address: 45 Newbury St.
☒ Authorized Suite 204
Person Boston, MA 02116
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Carmen Goodrich
Signature of an authorized person
Carmen Goodrich
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

Date: March 06, 2019

To Whom It May Concern :

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

KELLER AUGUSTA, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
May 08, 2001.

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.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 19030114070

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

Processed by: