

M19000004617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 MAY -8 PM 4:36
TALLAHASSEE, FLORIDA



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DEPT OF JUSTICE
MAY - 8 4:04 PM

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

ACCOUNT NO. : I20000000195

REFERENCE : 755607 7357171

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 8, 2019

ORDER TIME : 1:02 PM

ORDER NO. : 755607-005

CUSTOMER NO: 7357171

FOREIGN FILINGS

NAME: BROADSTONE USA, 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: _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broadstone USA, 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:

| | |
|--|--|
| Thomas C Bailey | |
| Name of Person | |
| Broadstone USA LLC | |
| Firm/Company | |
| 124 Washington Street | |
| Address | |
| Foxboro, MA 02035 | |
| City/State and Zip Code | |
| tbailey@vlpc.com | |
| E-mail address: (to be used for future annual report notification) | |

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For further information concerning this matter, please call:

| | | |
|------------------------|-----------|--------------------------|
| Thomas Bailey | 617 | 438-8806 |
| 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**

| | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. Broadstone USA, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1256578
(FEI number, if applicable)

4. May 31, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 124 Washington Street
(Street Address of Principal Office)

6. 124 Washington Street
(Mailing Address)

Foxboro, MA 02035

Foxboro, MA 02035

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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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: Roxanne Turner
Corporation Service Company
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

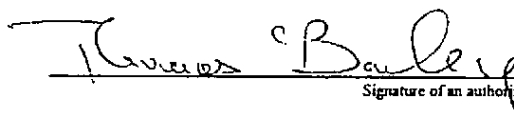
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|----------|--------------------------------|--|--|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name: | Keith D Lowey | | <input type="checkbox"/> Manager | Name: | Thomas C Bailey | |
| <input type="checkbox"/> Member | Address: | 124 Washington Street | | <input type="checkbox"/> Member | Address: | 124 Washington Street | |
| <input checked="" type="checkbox"/> Authorized | | Foxboro, MA 02035 | | <input checked="" type="checkbox"/> Authorized | | Foxboro, MA 02035 | |
| Person | | Keith D Lowey | | Person | | Thomas C Bailey | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> 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.



Signature of an authorized person
Thomas C Bailey

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROADSTONE USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADSTONE USA, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5911757 8300

SR# 20193657170

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202785849

Date: 05-08-19