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

ACCOUNT NO. : I20000000195

REFERENCE : 855525 8175490

AUTHORIZATION COST LIMIT : \$ 125.00

ORDER DATE : July 22, 2019

ORDER TIME : 2:03 PM

ORDER NO. : 855525-005

CUSTOMER NO: 8175490

FOREIGN FILINGS

NAME: BEDFORD SYSTEMS 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:

2.1

COVER LETTER

TO:	egistration Section ivision of Corporations				
SUBJE	BEDFORD SYSTEMS LLC				
	Name of Limited Liability Company				
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert and check are submitted to register the above referenced foreign limited liability company to transact business i				
Please	rn all correspondence concerning this matter to the following:				
	DeeDee Lott				
	Name of Person				
	Bedford Systems LLC				
	Firm/Company				
	201 Burlington Road				
Address					
	Bedford, MA 01730				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)	2			
For furt	information concerning this matter, please call:	2010 111 22			
	DeeDee Lott at (617) 804-2584	Comments (
	Name of Contact Person Area Code Daytime Telephone Number				
	AILING ADDRESS: STREET ADDRESS: Division of Corporations	က် ယ (၁၀			
	nclosed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT OF STATE				
	\$125.00 Filing Fee Status S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy of Status & Certified				

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;

. BEDFORD SYSTEM (Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilio	ty Compa	ny,""L.L.	C.," or "LLC.")			
					·			
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The a	ilternate na	me must incl	tude "Limited Liabi	lity Company,"	"L.L.C," or	"LLC.")
DE				28508				
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	n.) liability)					
201 BURLINGTON RD 5.		201 BURLINGTON RD 6.						
(Street Address of	Principal Office)	Q.			(Mailing Addre	23)		
BEDFORD, MA 017	30		BEDF	ORD, M	IA 01730			
							_	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT	accepta	ble)		<u> </u>	2019	
Name:	Corporation Service Company						2019 JUL 22	
Office Address:	1201 Hays Street						AH 9:	
	Tallahassee			, Florida	32301	- ;	: 30	_
	(City)			,	(Zíp 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.

ornoration Service Company
y:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

8. For initial index manage [up to six (ting purposes, list names, title or capacity and add total]:	resses of the primary m	nembers/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: BILL LEHMAN	■ Manager	Name: DEEDEE LOTT
Member	Address:	Member	Address:
Authorized	201 BURLINGTON RD	Authorized	201 BURLINGTON RD
Person	BEDFORD, MA 01730	Person	BEDFORD, MA 01730
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
□Authorized		Authorized	
Person		Person	
Other	Other	Other	Other_
☐Manager ☐Member	Name:	☐ Manager	Name: 22 2 Address: 22 1
Authorized		☐ Authorized	Address:
Person		Person	30
Other	Other	Other	Other
9. Attached is a certifurisdiction under the of the translator mus10. This document is	s executed in accordance with section 605.0203 (I nent to the Department of State constitutes a third Docusioned by:	da Department of State ly authenticated by the case in a foreign language,) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath
	DEEDEE LOTT		
		sted name of signee	<u>. </u>

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEDFORD SYSTEMS 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 TWENTY-SECOND DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEDFORD SYSTEMS"

LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2017.

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

Authentication: 203259180

Date: 07-22-19