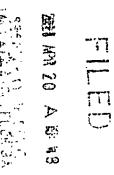
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KURATATA

COVER LETTER

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| TO: | Registration Section Division of Corporations | | | | | |
|--|--|--|--------------------------------|--|--|--|
| SUBJI | KERRY REALTY GROUP, LLC | | | | | |
| SUBJ | ECT: | Name of Limited Liability Company | | | | |
| The en Exister | sclosed "Application by Foreign Limited Lince, and check are submitted to register the | iability Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact business. | Certificate of ess in Florida. | | | |
| Please | return all correspondence concerning this | matter to the following: | | | | |
| | Dennis Murray | | | | | |
| | | Name of Person | | | | |
| Kerry Realty Group | | | | | | |
| Firm/Company | | | | | | |
| | 618 E. South Street, Suite 500 | • | | | | |
| | | Address | | | | |
| | Orlando, FL 32801 | | | | | |
| | · | City/State and Zip Code | | | | |
| | dennis@kerryrealty.com | | | | | |
| | E-mail addres | ss: (to be used for future annual report notification) | | | | |
| For fu | rther information concerning this matter, p | olease call: | | | | |
| Dennis Murray | | 617 356-8188 at () | | | | |
| | Name of Contact Perso | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy of Status & Certified Copy | | | | | | |



March 10, 2020

DENNIS MURRAY 618 E SOUTH ST STE 500 ORLANDO, FL 32801

SUBJECT: KERRY REALTY GROUP, LLC

Ref. Number: W20000025912

We have received your document for KERRY REALTY GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 820A00005311

Tracy L Lemieux Regulatory Specialist II

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:

| The state of the s | ness in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC | | |
|--|--|--|--|
| name unavailable, enter afternate name adopted for the purpose or transacting ousin | | | |
| Massachusetts | 47-3177646 3 | | |
| (Jurisdiction under the law of which foreign limited hability company is organize | 3 | | |
| 02/10/2020 | | | |
| (Date tirst transacted business in Florida, it (See sections 605,0904 & 605,0905, F.S. ti | l prior to registration.) o determine penalty liability) | | |
| 618 E. South Street, Suite 500 | 618 E. South Street, Suite 500 | | |
| eet Address of Principal Office) | 6. (Mailing Address) | | |
| Suite 500 | Suite 500 | | |
| Orlando, FL 32801 | Orlando, FL 32801 | | |
| Name and <u>street address</u> of Florida registered agent: (P.C | O. Box NOT acceptable) | | |
| William Hunt Name: | | | |
| 618 E. South Street, Suite 500 Office Address: | The state of the s | | |
| | 3780 | | |

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.

(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: | , | Title or Capacity: | Name and Address: |
|--------------------|---------------------|-------|--------------------|---------------------------|
| □Manager | Name: Dennis Murray | _ ; ` | □Manager | Name: |
| □Member | Address: | | □Member | Address: 3100 Harvest 1.n |
| □Authorized | Randolph, MA 02368 | | □Authorized | Kissimmee, FL 34744 |
| Person | | _ | Person | |
| President Other | □Other | _ | . Other Secretary | Other |
| □Manager | Name: | _ | □Manager | Name: |
| □Member | Address: | _ | □Member | Address: |
| □Authorized | | _ | □Authorized | |
| Person | | _ | Person | |
| □Other | Other | _ | □Other | Other |
| □Manager | Name: | | □Manager | Name: |
| □Member | Address: | _ | □Member | Address: |
| □Authorized | | _ | □Authorized | |
| Person | | _ | Person | |
| □Other | □Other | _ | □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.



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

April 2, 2020

TO WHOM IT MAY CONCERN:

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

KERRY REALTY GROUP, LLC

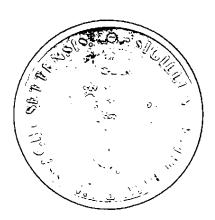
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 18, 2015**.

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; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C. § 70 for said Limited Liability Company's dissolution; 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: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DENNIS MURRAY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DENNIS MURRAY**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

lein Travio Galilin