

5/8/2020

Division of Corporations

RESUBMIT

PLEASE GIVE ORIGINAL

DATE

DATE

H200001371643

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000137164 3)))



H200001371643ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
PRELOAD CRYOGENICS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T GLASS

Electronic Filing Menu

Corporate Filing Menu

Help JUN 15 2020

H20000137164 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preload Cryogenics, 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.

Anthony Nuzzo

Name of Person

Cashman Companies

Firm/Company

69 Congress Street

Address

Salem, Massachusetts 01970

City/State and Zip Code

anuzzo@jaycashman.com

E-mail address. (to be used for future annual report notification)

2020
JUN 15 11:01

For further information concerning this matter, please call:

Anthony Nuzzo

781

917-7778

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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**

☐ \$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

H20000137164 3

H20000137164 3**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. Preload Cryogenics, 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. Massachusetts

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3017601

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration /
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 549 South Street

(Street Address of Principal Office)

Quincy, Massachusetts 021696. 549 South Street

(Mailing Address)

Quincy, Massachusetts 021697. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name. Corporation Service CompanyOffice Address. 1201 Hays StTallahassee

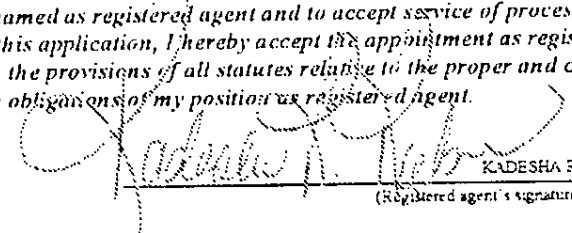
(City)

Florida32301

(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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


KADESHA ROBERSON, ASST. VICE PRESIDENT

(Registered agent's signature)

H20000137164 3

H20000137164 3

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. <u>Jay M Cashman</u>	<input checked="" type="checkbox"/> Manager	Name. <u>Dale H Pyatt</u>
<input type="checkbox"/> Member	Address: <u>549 South street</u>	<input type="checkbox"/> Member	Address: <u>549 South Street</u>
<input type="checkbox"/> Authorized	<u>Quincy, Massachusetts 02169</u>	<input type="checkbox"/> Authorized	<u>Quincy, Massachusetts 02169</u>
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 _____
<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 _____

2020 JUN 12 11:07

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.

Jay M Cashman

Typed or printed name of signer

H20000137164 3



William Francis Galvin
Secretary of the
Commonwealth

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

June 1, 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

PRELOAD CRYOGENICS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 4, 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: **JAY M CASHMAN, DALE H PYATT**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JAY M CASHMAN, DALE H PYATT**

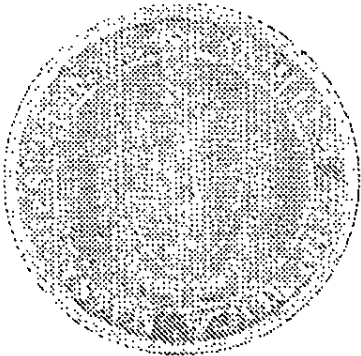
The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JAY M CASHMAN, DALE H PYATT**

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