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.

(((H20000229382 3)))



H200002293823ABC

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 : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

	Email Address:	<u>. </u>	- 「	
	Foreign Limited Liability Company SPFL North Rose, LLC			-
:.	Certificate of Status	U	15 mm - 25	
	Certified Copy	1	7 5	
• -	Page Count	04		
	Estimated Charge	\$155.00		

Electronic Filing Menu



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEMCE WITH SECTION 605-0002, PLORIDA STATUTEN, THE POLICATING IS SUBMITTED TO RECESTRICA POREIGN. LIMITED LIMITATY COMPANY TO TRANSACTIONNESS IN THE STATE OF FLORIDA.

1. SPFL North Rose, LLC (Name of Foreign I	anited Liability Company; must include "Limited	Linbility Compa	ny, "LLC." or "L.C.")		····	
Delaware	use adopted for the purpose of transacting business in Fl ich foreign innited tubidity company is organized)	isida Be elicimie 3	rgine resid writide (Limited) (Fit: rsam			LC D
425 Recreation Park Dri	(Dure first tin socied business of Florada, if prior to (See rections 605 (Sea & 605 1920), F.S. to determ Ve., Strike 204	ne pennity liubila.) 25 Ro	eneation Park Drive.	Suite 204		
5. (Street Address of Principal Office)		6. —	Madi: \$1 Audresv)			
Hingham, MA 02043		ling	aim, MA 02043	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		···[]
7. Name and street address	g of Florida registered agent: (P.O. Box	NOT accept	able)		6	1
Name:	C T Corporation System		-		₽ F	**
Office Address:	1200 South Pine Island Road		_		σ	
	Plantation (Cay)		33324 , Florida (Zgrosski)			

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.

Ву:	Steflin	oration System	Stephanie Boehm, Asst. Secretary
	0	(Registered agent's says	d\zn _j

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: Gary Darman	⊠Manager	Name: Donald Smith
□Member	Address: 25 Recreation Park Drive	[]Member	Address: 25 Recreation Park Drive
□Authorized	Suite 204	[]Authorized	Suite 204
Person	Hingham, MA 02043	Person	Hingham, MA 02043
□Other	LIOther	□Other	:
□Manager	Name: Cliff Rahaim	□Manager	Name:
□Member	Address: 25 Recreation Park Drive	□Momber	Address:
☑Authorized	Suite 204	□ Authorized	
Person	Hingham, MA 02943	Person	
□Other	f=Other	[]Other	□Other
□Мяпадег	Name:	⊞Manager	Nanw:
□lvlember	Address:	□ Member	Address:
□Authorized		OAuthorized	
Person		Person	
[]Other	[]Cther	[]Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 outh 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 \$.817.155, F.S.

Cett 2		
H	Signature of an authorized person	
Cliff Rahaim		
	Typed or printed name ulaiguse	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPFL NORTH ROSE, 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 FOURTEENTH DAY OF JULY, A.D. 2020.

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

Authentication: 203280791

Date: 07-14-20