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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

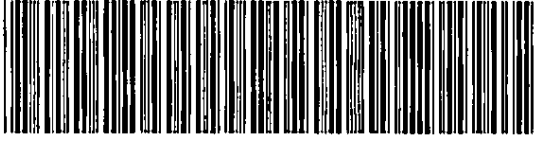
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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REC-1

**Phil Parry**

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**From:** Quickstart@sos.nh.gov  
**Sent:** Tuesday, November 03, 2020 4:46 PM  
**To:** Phil Parry  
**Subject:** Confirmation for Shopping Cart Filings - Certificate Of Good Standing - Domestic Limited Liability Company  
**Attachments:** 180342\_1103202016452972.pdf

*Please do not reply to this email message. This has been sent to you by an automated process. If you need assistance contact the appropriate office listed below.*

*Dear Philip A Parry,*

*Your application(s) have been submitted to NH Corporation Division.  
You'll be notified in an attachment to this email as to the status of the application(s).  
This attachment will either represent a copy of your submitted application that is under review,  
or a stamped copy of a filing that has been approved.*

*Please note – NH QuickStart can automatically approve, stamp, and attach a number of online filing types.  
Filing types that will be attached via automatic approval include:*

*Annual Reports/Annual Fees & Nonprofit Reports  
Certificates of Good Standing  
Change of Managers/Members & Change of Officers/Directors  
Change of Business Address  
Domestic Withdrawals & Cancellations  
Foreign FLLP and Nonprofit Withdrawals  
Trade Name & Forced DBA Renewals (if the purpose is not being changed)  
Trade Name Information Change (if the purpose is not being changed)  
Trade Name Withdrawal in Partnership  
Trade Name Discontinuance  
Registered Agent Address Change  
Registered Agent Address Change - Commercial Agent  
Registered Agent Resignation*

*As always, please keep your login in a safe place, and login at any time to view your documents, receipts, or confirmations by selecting your Inbox from the left hand menu.*

*Thank you,  
New Hampshire Department of State  
State House, Room 204  
107 North Main Street  
Concord, NH 03301-4989*

*Corporate Filings: Phone: 603-271-3246 Email: [corporate@sos.nh.gov](mailto:corporate@sos.nh.gov)*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fay Properties, 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:

Philip A. Parry, Esq.  
Name of Person

Parry and Parry, PC  
Firm/Company

4 Merrimac Square  
Address

Merrimac, MA 01860  
City/State and Zip Code

phil@parrylawandtitle.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip A. Parry at (978) 346-0005  
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:

- \$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

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. Fay Properties, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Fay Properties Moolic, 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. State of New Hampshire, USA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 340 Atlantic Avenue  
(Street Address of Principal Office)

6. 340 Atlantic Avenue  
(Mailing Address)

Seabrook, NH 03874

Seabrook, NH 03874

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

Name: Gail A. Yannalfo

Office Address: 336 Golfview Road

North Palm Beach, Florida 33408-3514  
(City) (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 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.

Gail A. Yannalfo  
(Registered agent's signature)

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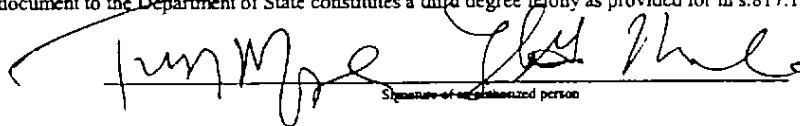
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Timothy J. Moolic</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lynn G. Moolic</u>
<input type="checkbox"/> Member	Address: <u>340 Atlantic Avenue</u>	<input type="checkbox"/> Member	Address: <u>340 Atlantic Avenue</u>
<input type="checkbox"/> Authorized Person	<u>Seabrook, NH 03874</u>	<input type="checkbox"/> Authorized Person	<u>Seabrook, NH 03874</u>
<input checked="" type="checkbox"/> Other Trustee of Member Trust named below	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Trustee of Member Trust named below	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Fay Properties, LLC Trust</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>340 Atlantic Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Seabrook, NH 03874</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 authorized person

Timothy J. Moolic Lynn G. Moolic  
Typed or printed name of signer

# State of New Hampshire

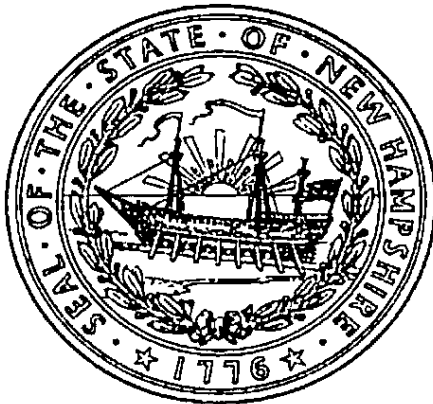
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that **FAY PROPERTIES, LLC** is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on July 28, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 748362

Certificate Number: 0005037858



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 3rd day of November A.D. 2020.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State