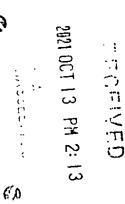
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DATE: 10/13/21

NAME: 3184 SHERIDAN AVENUE LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	3184 Sheridan Avenue LLC						
SUBJECT.	ne of Limited Liability Company						
		y Company for Authorization to Transact Business in Florida," Certificate of creferenced foreign limited liability company to transact business in Florida.					
Please return a	all correspondence concerning this matter	to the following:					
	Sveta Bartsch						
	Name of Person						
	Hemenway & Barnes LLP						
		Firm/Company					
	P.O. Box 130182						
		Address					
	Boston, MA 02113						
		City/State and Zip Code					
	sbartsch@hembar.com						
	E-mail address: (to	e used for future annual report notification)					
For further inf	For further information concerning this matter, please call:						
Sveta	Bartsch	617 331-6425 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	ng Address:	Street Address:					
	stration Section	Registration Section					
Division of Corporations		Division of Corporations					
	P.O. Box 6327 The Centre of Tallahassee						
Tallahassee, FL 32314		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 \$\Begin{align*} \Boxed* \$\begin{align*} \Boxed* \$\Boxed* \$\							

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. 3184 Sheridan Avenue					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LUC.")		
(If name unavailable, enter alternate :	name adopted for the purpose of transacting business in F	lorida. The a	horeste name must include "Limited L	dability Company," "L. L. C	," or "LLC.")
Delaware 2.		3.	(FEI num		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	ber, if applicable)	
4	Onto that towns and business in World a Maries to	intention			
	(Date first transacted besiness in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determ				
Hemenway & Barnes I 5.		6.	Hemenway & Barnes LLP		
5. (Street Address of Principal Office)		٠	(Mailing Address)		
75 State Street		7	75 State Street		
Boston, MA 02109		I -	Boston, MA 02109		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT ac	cceptable)	2021 SEC (A) (
Name:	First Corporate Solutions, Inc.			2021 OCT 13 SECKETAR IALLAHASSE	APPI FIL
Office Address:	155 Office Plaza Drive			PH	E SON
	Tallahassee		32301 , Florida	12: 20 11.15 10.15	
	(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.

Registered agent's (gnature)

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: Tracy W. Barron	□Manager	Name:
□Member	Address: 7 Simon Willard Lane	□Member	Address:
□Authorized	Concord, MA 01742	□Authorized	
Person		Person	***************************************
□ Other	Other	□Other	Other
	Name		N
Manager	Name:	☐ Manager	Name:
□Mcmber	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_

<u>Important Notice</u>: 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

Tracy W. Barron, Manager

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "3184 SHERIDAN AVENUE 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 THIRTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3184 SHERIDAN AVENUE LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2021.

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

Authentication: 204395072

Date: 10-13-21