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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limite	d Liability Compuny," "L.L.C," or "Ll.C.")
MA		3(FEI n	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI to	umber, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ) ne penalty hability)	
40 Lowell Road, BLD	G #2	40 Lowell Road, BLDG	#2
eet Address of Principal Office)		(Mailing Address)	
Salem, NH 03079		Salem, NH 03079	<b>202</b> ალ
	<del></del>		202/ FEB
Nome and street address	s of Florida registered agent: (P.O. Box	N(YT accentable)	
Name and succe address	g of Frontal registered agent. (1.0. Dox	<u>avor</u> deceptable)	PH :
Name:	Corporation Service Company	<del></del>	PM 2: 04
Office Address:	1201 Hays St		
	Tallahassee(Ciw)	, Florida <u>32301</u>	

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 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; Name and Address: Title or Capacity: Ryan Denver Name: \_\_\_\_\_\_ □Manager Manager 40 Lowell Road, BLDG #2 Address: □ Member Address: \_\_\_\_\_ □Member Salem, NH 03079 □ Authorized Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_ □Other\_\_\_\_ Other\_\_\_ Name: Edward Fay Name: \_\_\_\_\_ □Manager □Manager 60 State Street, STE 910 Address: \_\_\_\_\_\_ ☐Member □Member Boston, MA 02109 □ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ Name: □Manager □Manager □Member Address: \_\_\_\_\_ 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. 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 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

Typed or printed name of signee

Edward Fav



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

#### December 2, 2021

### TO WHOM IT MAY CONCERN:

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

### SELECT DEMO SERVICES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 20, 2004.

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: RYAN DENVER

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

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



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Travers Galein

on the date first above written.

Secretary of the Commonwealth