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Division of Corporations

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Florida Department of State  
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**Foreign Limited Liability Company  
Beacon Hill Hospitality LLC**

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Help S. ROBERTS

AUG 18 2022



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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Beacon Hill Hospitality 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. MA 3. 86-3919171  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July, 24, 2022  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 37 GLENDALE AVE 6. 37 GLENDALE AVE  
(Street Address of Principal Office) (Mailing Address)

BILLERICA BILLERICA  
MA 01821 USA MA 01821 USA

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

Name: C.T. Corporation System  
 Office Address: 1200 South Pine Island Road  
Plantation 33324  
(City) (Zip Code)  
Florida

## 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.*

By: C.T. Corporation System Eric Jensen Assistant Secretary  
(Registered agent's signature)

2022 AUG 18 PM 1:22



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: John Udelson	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 12 Pond View Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Nantucket, MA 02554	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Kristina Lock	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 37 Glenvale Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Billerica	<input type="checkbox"/> Authorized	_____
Person	MA 01821 USA	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 _____

**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.

*John Udelson*

Signature of an authorized person

John Udelson

Typed or printed name of signer





William Francis Galvin  
Secretary of the  
Commonwealth

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

August 16, 2022

TO WHOM IT MAY CONCERN:

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

**BEACON HILL HOSPITALITY LLC**

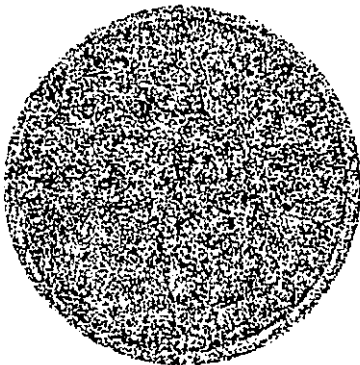
in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 12, 2021.

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: **KRISTINA LOCK**

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

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



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