# W123000003056

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(GR)/Gtate/Zip// Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harrey
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700402999207



S. FRANKLIN
MAR 1 0 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03	/09/2023	
Name:	Greg Pintacuda	
Reference #:	1932678	
Entity Name:	EASTERN REAL ESTATE	LLC
✓ Articles of	f Incorporation/Authorization to Transact Busin	ness
Amendme	ent	<u>~3</u>
Change o	of Agent	
Reinstate	ment	, n
Conversion	on	-u
Merger		ب ب
Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	unt: <b>\$125</b> 7	
Signature:	ASTA	

F: 800.944.6607

F; +852.2682,9790

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Eastern Real Estate LLC	<ul> <li>.mited Liability Company, must include "Limite</li> </ul>	d Liabilit	v Company,""L L.C.," or "LLC,")	
	, , , , , , , , , , , , , , , , , , , ,	,		
name unavailable, enter aitemate n	ame adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited Liability	Company," "L.L.C," or "L1
Massachusetts		2	04-3515327	
Jurisdiction under the law of which foreign limited liability company is organized		) (FEI number, if applicable)		plicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration	n ) Tiability)	· · · · · · · · · · · · · · · · · · ·
One Marina Park Drive		(	One Marina Park Drive	
eet Address of Principal Office)		0.	(Mailing Address)	
Suite 1500			Suite 1500	.5
Boston, MA 02210			Boston, MA 02210	.,
Name and street address	of Florida registered agent: (P.O. Box	NOT.	acceptable)	¢ :
Name:	CoGency Global Inc.			
Office Address:	115 N Calhoun Street, Suite 4			
	Tallahassee		. Florida 32301	
	(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.

Per lo a for (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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Daniel J. Doherty III Brian J. Kelly Name: Manager □XManager Address: One Marina Park Drive Address: One Marina Park Drive □Member □Member Suite 1500, Boston, MA 02210 Suite 1500, Boston, MA 02210 □ Authorized □ Authorized Person Person □Other □Other □Other\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager □Member 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 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

Raymond M. Murphy

Typed or printed name of signee



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

## February 28, 2023

## TO WHOM IT MAY CONCERN:

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

### EASTERN REAL ESTATE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 11, 2000.

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: BRIAN J. KELLY, DANIEL J. DOHERTY III

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: BRIAN J. KELLY, DANIEL J. DOHERTY III, RAYMOND M. MURPHY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RAYMOND M. MURPHY, BRIAN J. KELLY, DANIEL J. DOHERTY III

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Clean Travino Galicin