

M24000003620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

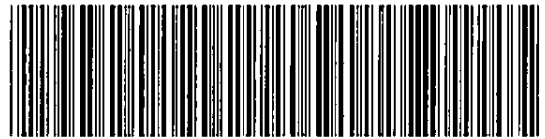
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100425085061

03/04/24 16:03:11-105 4190.00

2024 MAR -4 PM 2:27

2024 MAR -4 PM 2:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UP & UP CREATIVE 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:

MARIA C. LEVIN, CPA

Name of Person

MARIA C. LEVIN, P.C.

Firm/Company

50 OVERLOOK DRIVE

Address

NORWOOD, MA 02062

City/State and Zip Code

dearpenter@levincpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. CARPENTER, E.A.

781

769-2487

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

✓
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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**

☐ \$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. UP & UP CREATIVE, 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. MASSACHUSETTS 3. 86-1955108
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/16/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 50 OVERLOOK DRIVE 6. 50 OVERLOOK DRIVE
(Street Address of Principal Office) (Mailing Address)

NORWOOD, MA 02062 NORWOOD, MA 02062

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

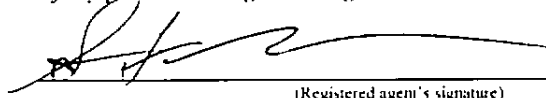
Name: SUSAN ANDERSEN

Office Address: 1420 SW HIGH POINT WAY - APT A

DELRAY BEACH, Florida 33445
(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 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:
☒ Manager Name: CATHERINE J. LEVIN
☒ Member Address: 50 OVERLOOK DRIVE
☐ Authorized NORWOOD, MA 02062
Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: CARI T. LEVISON
☒ Member Address: 506 MUNROE STREET
☐ Authorized BROOKLYN, NY 11221
Person
☐ Other ☐ Other

☐ Manager Name: SHIRA ABRAMOWITZ
☒ Member Address: 11679 FRAMES PORT PLACE
☐ Authorized SAN DIEGO, CA 92126
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

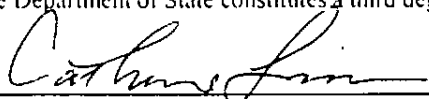
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ 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 an authorized person

CATHERINE J. LEVIN

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

Date: February 15, 2024

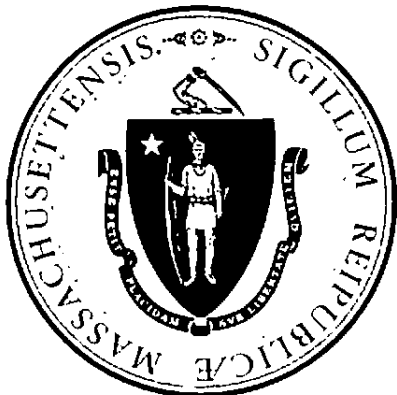
To Whom It May Concern :

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

UP & UP CREATIVE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C, on
February 04, 2021.

I further certify 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, so far as appears of record, said Limited Liability Company has legal existence.



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

Certificate Number: 24020135580

Verify this Certificate at: <https://corp.sec.state.ma.us/corpweb/Certificates/Verify.aspx>

Processed by: