

1124000014964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

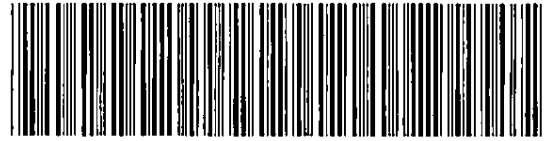
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600438748456

10/30/24--01022--007 **129.00

2024 OCT 30 PM 4:31
CLERK

T. LEMIEUX

DEC - 2 2024

Law Offices of Joseph R. Jenkins PLLC

116 Flanders Road, Suite 3-1100, Westborough, MA 01581 ♦ Telephone (508) 366-1002 ♦ Facsimile (508) 898-9777

Joseph R. Jenkins
jjenkins@jrjlawoffice.com

Maura Ford Maloney
mford@jrjlawoffice.com



October 29, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: **TIME SENSITIVE REQUEST**
EGAN GROUP LLC
A DELAWARE LLC

Dear Sir or Madam:

Enclosed please find a completed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" along with an entity status certificate dated 04-27-23 from the State of Delaware and a check in the amount of \$125.00 for the application filing fee (\$100.00) and designation of resident agent (\$25.00) with regard to the above referenced entity.

Please feel free to contact my office should you have any questions or require additional documentation.

Very truly yours,


Joseph R. Jenkins

JRJ/cmp
Enclosures

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. Egan Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

C Egan Group 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

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

5. 116 Flanders Rd., Suite 2000
(Street Address of Principal Office)

6. 116 Flanders Rd., Suite 2000
(Mailing Address)

Westborough, MA 01581

Westborough, MA 01581

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

Name: Corporation Service Company

Office Address: 1201 Hayes Street

Tallahassee, Florida 32301
(City) (Zip code)

2024 OCT 30 PM 4:31
CLERK OF COURT

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.

Maegan Norris Maegan Norris - Assistant Secretary
(Registered agent's signature)

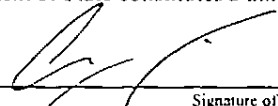
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Christopher F. Egan	<input type="checkbox"/> Manager	Name: Joseph R. Jenkins
<input type="checkbox"/> Member	Address: 116 Flanders Rd., Suite 2000	<input type="checkbox"/> Member	Address: 7 Grafton Street
<input type="checkbox"/> Authorized	Westborough, MA 01581	<input checked="" type="checkbox"/> Authorized	Shrewsbury, MA 01545
Person		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
<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.



 Christopher F. Egan, Manager
 not individually and without
 personal liability

 Signature of an authorized person
 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EGAN GROUP 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2024.


Jeffrey W. Bullock, Secretary of State

5482070 8300

SR# 20243901038

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204690764

Date: 10-22-24