

M20000005769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

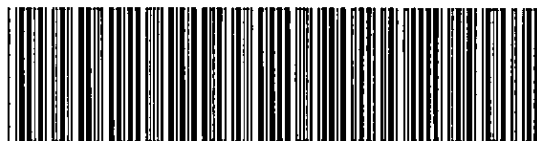
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/25/20--01015--016 \*\*180.00

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JUN 30 2020

# Beacon Trust Company

Jackie Cabral  
Paralegal  
Phone: (603) 681-4308  
jcabral@btcnv.com

June 22, 2020

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

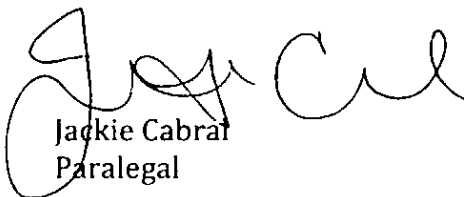
**Re: Crosby Advisors LLC**

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida together with a Delaware Certificate of Good Standing and a check in the amount of \$160.00 for filing on behalf of Crosby Advisors LLC.

If you have any questions, please feel free to contact me.

Sincerely yours,



Jackie Cabral  
Paralegal

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Crosby Advisors 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:

Jacquelyn Cabral, Paralegal

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7 Fernwood Circle

\_\_\_\_\_  
Address

Goffstown, NH 03045

\_\_\_\_\_  
City/State and Zip Code

btcparalegals@btcnv.com

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

For further information concerning this matter, please call:

Jacquelyn Cabral

603

681-4308

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. Crosby Advisors 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. Delaware 26-3243237  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 11 Keewaydin Drive, Suite 100  
(Street Address of Principal Office)  
Salem, NH 03079

6. 11 Keewaydin Drive, Suite 100  
(Mailing Address)  
Salem, NH 03079

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

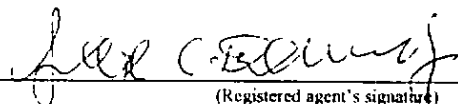
Name: George C. Domolky

Office Address: 8057 Via Vecchia

Naples 34108  
(City) , Florida (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)

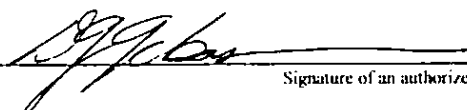
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	The Crosby Company of New Hampshire LLC		<input type="checkbox"/> Manager	Name:	Dean G. Gekas	
<input type="checkbox"/> Member	Address:	11 Keewaydin Drive, Suite 100		<input type="checkbox"/> Member	Address:	11 Keewaydin Drive	
<input type="checkbox"/> Authorized		Salem, NH 03079		<input checked="" type="checkbox"/> Authorized		Salem, NH 03079	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	President	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Ghulam Samdani Rahman		<input type="checkbox"/> Manager	Name:	Carol A. Fitzgerald	
<input type="checkbox"/> Member	Address:	11 Keewaydin Drive		<input type="checkbox"/> Member	Address:	11 Keewaydin Drive	
<input checked="" type="checkbox"/> Authorized		Salem, NH 03079		<input checked="" type="checkbox"/> Authorized		Salem, NH 03079	
Person				Person			
<input checked="" type="checkbox"/> Other	Vice President	<input checked="" type="checkbox"/> Other	Secretary	<input checked="" type="checkbox"/> Other	Chief Compliance Officer	<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.

  
\_\_\_\_\_  
Signature of an authorized person  
Dean G. Gekas, President

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROSBY ADVISORS 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 JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROSBY ADVISORS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4236615 8300

SR# 20205819032

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203148193

Date: 06-22-20