

ma0000010451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

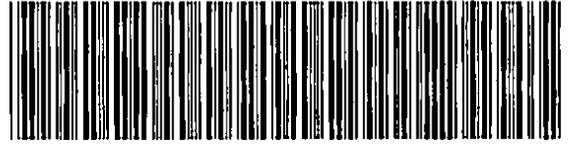
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100354796081

11/13/20--01018--008 **125.00

NOV 13 2020 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperial Solutions Provider 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:

Kathy Aicardi
Name of Person

Imperial Solutions Provider LLC
Firm/Company

P.O. Box 444
Address

Mendon, MA 01756
City/State and Zip Code

Kathya@imperialcars.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy at (508) 422-1050
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. Imperial Solutions Provider 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0942307
(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. 8 Uxbridge Road
(Street Address of Principal Office)

6. P.O. Box 444
(Mailing Address)

Mendon, Ma 01756

Mendon, MA 01756

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N, Ste 300

St. Petersburg, Florida 33702
(City) (Zip code)

20 10/13 PM 1:24

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.

Tom Glover - 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: <u>Kevin P. Meenan</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8 Uxbridge Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>P.O. Box 444</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Mendon, MA 01756</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Aaron Maynard</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8 Uxbridge Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>P.O. Box 444</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Mendon, Ma 01756</u>	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 _____			

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.

Aaron Maynard, Manager
 Signature of an authorized person

Aaron Maynard
 Type or printed name of signee



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

William Francis Galvin
Secretary of the
Commonwealth

Date: November 06, 2020

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed

in this office by

IMPERIAL SOLUTIONS PROVIDER LLC

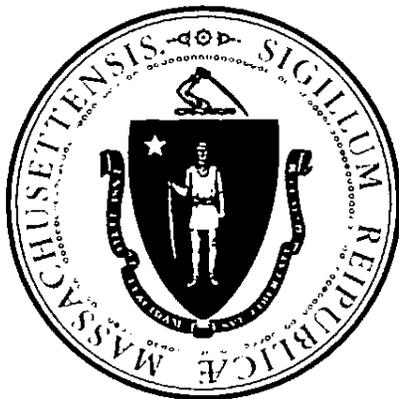
in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on

April 29, 2020.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation:

that said Limited Liability Company has not been administratively dissolved; 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: 20110284170

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

Processed by: ili