ID Number: 👲 Filing Fee: \$150.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

### LIMITED LIABILITY COMPANY

#### **APPLICATION FOR REGISTRATION**

(To Be Filed In Duplicate)

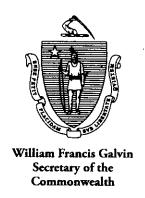
Pursuant to the provisions of Section 7-16-49 of the General Laws, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:  Francisco Javares LLC		
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:  Transisco Javanes I		
3.	The limited liability company is organized under the laws of		
4.	The date of its organization is $\frac{1/26/81}{}$		
5.	The period of duration of the limited liability company is (if perpetual, so state)		
6. The address of the limited liability company's resident agent in Rhode Island is:			
	$\frac{15 \text{ Notre Dame Street}}{\text{(Street Address, } \underline{\text{not}} \text{ P.O. Box)}} \qquad \frac{\text{Central Fal/s}}{\text{(City/Town)}} \text{, RI} \qquad \frac{\text{OE/GO}}{\text{(Zip Code)}} \qquad \frac{\text{City/Town}}{\text{(Name of Agent)}} \qquad \frac{\text{City/Town}}{\text{(Name of Agent)}} \qquad \frac{\text{City/Town}}{\text{(Name of Agent)}} \qquad \frac{\text{OE/GO}}{\text{(Name of Agent)}} \qquad \frac{\text{City/Town}}{\text{(Name of Agent)}} \qquad \text{Cit$		
	and the name of the resident agent at such address is		
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
a	The mailing address for the limited liability company is:		
<i>J</i> .			
	East Falmouth, MA 02536 FILED		
	OCT 2 8 2009		

Form No. 450 Revised: 01/99

10. The limited liability company is to be managed by:		
(Check one box only)		
its membe	ers <u>or</u> by one (1) or more managers	
<ol> <li>If the limited liability company has ma each manager:</li> </ol>	anagers at the time of filing this application, please list the name and address of	
<u>Manager</u>	<u>Address</u>	
Gary Tavares	40 Crescent Road, Mashpee MA	
12. This application is accompanied by a authorized officer of the jurisdiction ur	certificate of good standing duly authenticated by the secretary of state or other nder which the foreign limited liability company was organized.	
	Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Date: 9/17/09	Francisco Javeres ZZC  Print Exact Name of Limited Liability Company Making Application	
	By Jean Falma	
	Signature of authorized person	

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

### **September 25, 2009**

#### TO WHOM IT MAY CONCERN:

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

#### FRANCISCO TAVARES, LLC

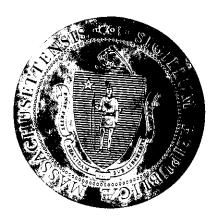
in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 26, 2001.

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 or withdrawal; 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: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **GARY TAVARES** 

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GARY TAVARES** 



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin

Processed By:sam



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

