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SECRETARY OF STATE

S. WARREN 'JUN 0 2 2017

COVER LETTER

| TO: | Registration Sec Division of Cor | | | | | |
|---|-------------------------------------|------------------------|------------------------------|--------------------------------------|--|--|
| SUBJ | Relayr, In | c. | | | | |
| БСБС | <u></u> | Nan | ne of corporation | - must include suf | fix | |
| Dear S | ir or Madam: | | | | | |
| "Certif | | e," or "Certific | ate of Good Star | iding" and check ar | ransact Business in Florida," e submitted to register the | |
| | return all corresp er Meyers | ondence conce | erning this matter | to the following: | | |
| | | | Name of | Person | | |
| Hull S | peed Associates, In- | c, | | | | |
| | | | Firm/Com | ipany | | |
| One Bo | oston Place, Suite 2 | 600 | | | | |
| Boston | , MA 02108 | | Addre | ess | | |
| jennife | r.meyers@hullsp c e | dassociates,com | City/State a | nd Zip code | | |
| | | E-mail addr | ess: (to be used | or future annual re | port notification) | |
| For fu | rther information | concerning thi | s matter, please o | call: | | |
| Jennifer Meyers | | 508- at (| 982-9029 | | | |
| | Name of Person | n | Area Cod | e Daytime | elephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | Registrat Division P.O. Box | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclos | ed is a check for | the following a | ımount: | | | |
| \$ 70 | 0.00 Filing Fee | S78.75 Fi Certifica | ling Fee & □ te of Status | \$78.75 Filing Fee Certified Copy | * & \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (If name unavai | Jable in Florida, enter alternate comorate n | name adopted for the purpose of transacting b | usiness in Florida) | | |
|--|--|--|---|--|--|
| Delaware | acte in the tout, enter alternate corporate in | 47-1782226 | | | |
| (State or count 06/18/2014 4. | ry under the law of which it is incorporated | | | | |
| | e of incorporation) | (Date of duration, if other tha | (Date of duration, if other than perpetual) | | |
| One Boston Plac | (SEE SECTIONS 607.1501 & 6 | ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability) Principal office address) | | | |
| | (. | morph office about the | | | |
| 8. Name and stre | (Current reet address of Florida registered agent: | mailing address, if different) (P.O. Box <u>NOT</u> acceptable) | TALLAHASSEE, F | | |
| | Corporation Service Company | | SSE SOLE | | |
| Name: | 1201 Hays Street | | EPS R | | |
| | | | | | |
| | Tallahassee | 32301 . Florida | ORAS S | | |
| | | , Florida 32301 (Zip code) | TATE ORIDA | | |
| Office Address: 9. Registered ag Having been nan designated in thi further agree to | (City) gent's acceptance: ned as registered agent and to accept s application, I hereby accept the app comply with the provisions of all state | , Florida | to act in this capacity. I | | |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Josef Brunner Chairman: One Boston Place, Suite 2600 Address: Boston, MA 02108 Vice Chairman: Director: Address: __ Director: **B. OFFICERS** Josef Brunner President: One Boston Place, Suite 2600 Address: Boston, MA 02108 Vice President: Address: Jeffrey Leavitt 1201 West Peachtree Street, Suite 2800, Atlanta, GA 30309-3450 Address: William K. Hite Treasurer: One Boston Place, Suite 2600, Boston, MA 02108 Address: an addengum to the application listing additional officers and/or directors. NOTE: If necessary, y Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. William K. Hite, Officer

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RELAYR, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE-OF-DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELAYR, INC."
WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2014.

5554231 8300
SR# 20172591381
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202464263

Date: 05-01-17