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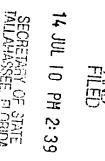
(0)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W14-40216				

Office Use Only



200261531792

200261531792 06/26/14--01031--005 **78.75



1/4

COVER LETTER

	Filing Section ion of Corporation	18			
SUBJECT:	Staticwor	k, Inc.			
SUBJECT.		Name of corpora	tion - must i	include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," or "		Standing" a	nd check are sub	ct Business in Florida," mitted to register the
Please return	all correspondenc	e concerning this ma	atter to the f	ollowing:	
David L	ong				
		Name	of Person		
Staticwo	orx, Inc.				
		Firm/0	Company		
44 Oak	Street				
			ddress		
Newton	, MA 0246	4			
		City/Sta	te and Zip c	ode	
jo@stati	cworx.com	7 11 22 2	16.6.		
For further in		ail address: (to be us		e annuai report i	ouncation)
Jo Antonellis		617	′ 、92	3-2000	
Nam	e of Person	at (Aı	rea Code &	3-2000 Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a	check for the follo	owing amount:			
🗖 \$70.00 Fil		8.75 Filing Fee & ertificate of Status		5 Filing Fee & lied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



June 27, 2014

DAVID LONG 44 OAK STREET NEWTON, MA 02464

SUBJECT: STATICWORX, INC. Ref. Number: W14000040216

We have received your document for STATICWORX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 514A00014076

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.

	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")			
(If name unavail	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
_{2.} MA	try under the law of which it is incorporated) (EEI number, if applicable)			
(State or counti	(1 El number, it approache)	(FEI number, if applicable)		
4. 3/14/200	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
(Date	te of incorporation) 5. Per pervag (Duration: Year corp. will cease to exist or "perpetual")			
6. Registerin	(Date first transacted business in Florida, if prior to registration)			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
, 44 Oak St	Street, Newton, MA 02664			
<i>I</i>	(Principal office address)			
	PO BUX 590069, Newton MA 02459 5	TI.		
	(Current mailing address)			
Name and stree	(Current mailing address)	JO. 7		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee , Florida 32301 (Zip code)			
	(City) (Zip code)			
designated in this furthe <mark>r</mark> agree to co	ent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place of application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my familiar with and accept the obligations of my position as registered agent. OSSI Sec.	I		

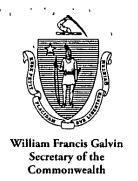
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)



11. Names and business addresses of officers and/or directors:

A. DIRECTORS	14 JUL 10 PM 2: 39
Chairman:	
Address:	SECRETIAN OF STATE TALLAHASSEE, FI OBIDA
Vice Chairman:	
Address:	
David H. Long	
Address: PO Box 590069, Newton, MA 02459	
Director: Terri Long	
PO Box 590069, Newton, MA 02459	
B. OFFICERS President: David H. Long PO Box 590069, Newton, MA 02459	
Vice President:	
Address:	
Secretary: David H. Long	
Address: PO Box 590069, Newton, MA 02459	
Treasurer: Terri Long	
Address: PO Box 590069, Newton, MA 02459	
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/or directors.
The officer or director signing this document (and who is listed in rare true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S. David H. Long, President, Staticworx, Inc.	number 12 above) affirms that the facts stated herein



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: June 24, 2014

To Whom It May Concern:

I hereby certify that,

STATICWORX INC.

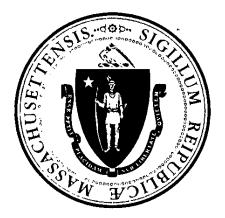
IA JUL TU PH 2: 39
SECRETARY OF STATE



appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on January 11, 2007.

I also certify that so far as appears of record here, said corporation still has legal existence.



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 Tranin Gallein

Certificate Number: 14068239650

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

Processed by: tad