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SEROB MARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallnassee, FL 3230: Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 754404 7733908

AUTHORIZATION

COST LIMIT : \$/37.50

ORDER DATE: August 20, 2015

ORDER TIME : 2:37 PM

ORDER NO. : 754404-005

CUSTOMER NO: 7733908

FOREIGN FILINGS

NAME: OCEANAIR, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:	Registration Se Division of Cor			
CI ID I	ECT:	-	CEANAIR IN	JC
SUD	ECI:		tion - must include suffix	
Dear S	Sir or Madam:	·	`	
"Certi	ficate of Existenc	ion by Foreign Corporation e," or "Certificate of Good S n corporation to transact bus	Standing" and check are sub	
Please	return all corresp	ondence concerning this ma	tter to the following:	
		1	sonna M Mart	nis
<u></u>			of Person	
			OCEANAIR IN	C
		Firm/C	ompany	
		Ì	86 A Lee Burl	bank Hwy
		Ad	Idress	
		F	evere MA	09151
			e and Zip code	
		d	martis@ oce	ionaic net
	······································	E-mail address: (to be use	ed for future annual report r	notification)
For fur	ther information	concerning this matter, pleas	se call:	
Dor	na M M	lortis at (78	560-1	119
	Name of Person		dode Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclos	ed is a check for t	the following amount:		
□ \$ 70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2015

RESUBMIT

Please give original submission date as file date.

CORPORATION SERVICE COMPANY

SUBJECT: OCEANAIR INC Ref. Number: W15000058464

We have received your document for OCEANAIR INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 315A00018646

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

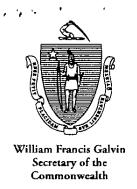
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	OCEANAIR, INC	<u>-</u>			
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp ")	"COMPANY,"	'CORPORATION,"		-
_	OCEANAIR, INC. OF MASSACH	HUSETTS			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the pur	pose of transacting bu	siness in Florida)	-
2. Mag	ssachusetts 3.		04-27733	397	
(State or countr	ssachusetts y under the law of which it is incorporated)	(FEI number, if applica	able)	-
4. 11-24-	1982		PERPETUAL		
(Date	1982 5. of incorporation)	(Date of	duration, if other than	perpetual)	-
6.	1-1-11	+			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to	registration) ine penalty liability)		-
7.	1864 Lee Burbo	ink Hwy	1 Revere	Ma oai	51
	(Princip	al office address)			. •
	(Current mailin	g address, if differe	ent)	20 20	•
				2015 SEP SLOWETA TALLAHA	44.50
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acce	eptable)	(0 - 1	Grittini Maritan
Name:	Corporation Service Company			\hat{\begin{align*} \hat{\begin{align*}	Same all trans
Office Address:	1201 Hays Street			2 AH 9: 12 CY OF STAIL SEE FLORIDA	9
Office Address.				9: <u>9: 1</u>	j ma
		, Florida <u> </u> 3	32301	₩ N	
	(City)	(2	Zip code)		
9. Registered age	nt's acceptance: ed as registered agent and to accept servi	ea af moaace fam	the above stated an	amanation at the	-1
	application, I hereby accept the appointm				
further agree to co	omply with the provisions of all statutes ro	elative to the pro	per and complete p		
duties, and I am fo	umiliar with and accept the obligations of	my position as i	registered agent.		
			Car	urtney Willian	ns
	. Vice Presid	ent			
	(Registered a	gent's signature)	7,301		

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 Chairman: Address: __ 01940 Vice Chairman: Address: ____ CA152 10 01983 Director: **B. OFFICERS** President: ___ Address: ___ Vice President: ____ Address: Secretary: _ Address: Treasurer: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. _____

(Typed or printed name and capacity of person signing application)



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

Date: August 13, 2015

To Whom It May Concern:

I hereby certify that according to the records of this office,

OCEANAIR INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galein

Certificate Number: 15084786810

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

Processed by: tad