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Florida Department of State
Division of Corporations
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From:
    Account Name   : TRIPP SCOTT, P.A.
    Account Number : 075350000065
    Phone   : (954)525-7500
    Fax Number   : (954)761-8475

FILED APPLICATION FOR FOREIGN REGISTRATION OF SEAESCAPE, CORP.

500213.0014
Joyal / SeaEscape

SEE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
SeaEscape, Corp.

Certificate of Status	0
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September 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIPP, SCOTT, PA

SUBJECT: SEAESCAPE VENTURES, INC.
REF: W15000061009

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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.

Neysa Culligan   FAX Aud. #: H15000222773
Regulatory Specialist II   Letter Number: 915A00019585

H15000222773

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.   SeaEscape, Corp.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.")

SeaEscape Ventures, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2.   Massachusetts   3.   04-3686528

(State or country under the law of which it is incorporated)   (FEI number, if applicable)

4.   June 20, 2002   5.

(Date of incorporation)   (Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, If prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7.   **50 Resnick Road, Plymouth, MA 02360**

(Principal office address)

50 Resnik Road, Plymouth, MA 02360

(Current mailing address, if different)

8.   Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

Name: Seth E. Ellis, Esq., c/o Tripp Scott, P.A.

Office Address: 4755 Technology Way, Suite 205

Boca Raton   , Florida   33431

(City)   (Zip code)

9.   **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Gary F. Joyal

Address: 4755 Technology Way, Suite 205

Boca Raton, FL 33431

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Gary F. Joyal

Address: 4755 Technology Way, Suite 205

Boca Raton, FL 33431

Vice President: _____

Address: _____

_____
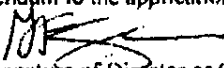
Secretary: Gary F. Joyal

Address: 4755 Technology Way, Suite 205, Boca Raton, FL 33431

Treasurer: Gary F. Joyal

Address: 4755 Technology Way, Suite 205, Boca Raton, FL 33431

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.
                                         _____
                                         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. Gary F. Joyal, President
    _____
    (Typed or printed name and capacity of person signing application)

H15000222773

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

William Francis Galvin
Secretary of the
Commonwealth

Date: September 14, 2015

To Whom It May Concern :

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

SEAESCAPE, CORP.

is a domestic corporation organized on **June 20, 2002** , under the General Laws of the

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-

ing 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 cor-

poration 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.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 15095251170
Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx
Processed by: nmc

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