

F17000001401
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
QSTREAM, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,170.00

2017 MAR 27 PM 12:39

DATE: 03/27/2017

17 MAR 27 AM 9:12

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

*****PLEASE HONOR ORIGINAL DATE 03-24-17*****

O SIMMONS
MAR 28 2017

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. QStream, Inc.

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

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 263332462

(FEI number, if applicable)

4. 08/26/2008

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. 11/01/2013

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

7. 1 Burlington Woods Drive, Burlington, MA 01803

(Principal office address)

same

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

CT Corporation System

By: Amy Bertelelli

(Registered agent's signature)

AMY BERTELELLI
VICE PRESIDENT

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 *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Duncan Lennox

Address: 1 Burlington Woods Drive

Burlington, MA 01803

Vice President: _____

Address: _____

Secretary: Duncan Lennox

Address: 1 Burlington Woods Drive, Burlington, MA 01803

Treasurer: Duncan Lennox

Address: 1 Burlington Woods Drive, Burlington, MA 01803

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. David Stack, Chief Financial Officer

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	Duncan Lennox
	Officer/Director:	Officer/Director
	Officer's Title:	President/Treasurer/Secretary
	Director's Title:	Director
	Business Address:	1 Burlington Woods Drive
	City:	Burlington
	State:	MA
	ZIP Code:	01803
2	Full Name:	Harold D. Copperman
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1 Burlington Woods Drive
	City:	Burlington
	State:	MA
	ZIP Code:	01803
3	Full Name:	Shay Garvey
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1 Burlington Woods Drive
	City:	Burlington
	State:	MA
	ZIP Code:	01803
4	Full Name:	Hambleton Lord
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1 Burlington Woods Drive
	City:	Burlington
	State:	MA
	ZIP Code:	01803
5	Full Name:	Gary Swart

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Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	1 Burlington Woods Drive
City:	Burlington
State:	MA
ZIP Code:	01803

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QSTREAM, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4592362 8300

SR# 20172029101

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202268967

Date: 03-27-17

850-617-6381

3/27/2017 11:25:27 AM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE 03-24-17



March 27, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: QSTREAM, INC.
REF: W17000026229

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 certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H17000081579
Letter Number: 217A00005778

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TALLAHASSEE, FLORIDA