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COVER LETTER

TO:	Division of Corporations						
SURI	CastleGate Lo	gistics Inc.					
БСБ		Name of corporat	ion - must	include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence," o	by Foreign Corporation to r "Certificate of Good S rporation to transact bus	tanding":	and check are sub			
Please	return all correspond	ence concerning this ma	tter to the	following:			
Enriqu	e Colbert						
		Name	of Person		· · · · · · · · · · · · · · · · · · ·		
Wayfa	ir LLC						
		Firm/C	ompany		·· · · · · · · · · · · · · · · · · · ·		
4 Copl	ey Place, Floor 7						
		Ad	dress				
Bostor	n, MA 02116						
	· · · · · · · · · · · · · · · · · · ·	City/Stat	e and Zip	code			
ecolbe	rt@wayfair.com						
	E	-mail address: (to be use	ed for futu	re annual report n	otification)		
For fu	rther information cond	erning this matter, pleas	se call:				
Enrique Colbert 617		617 at (532-6801				
	Name of Person	Area C	dode	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	ed is a check for the f	ollowing amount:					
5 70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & fied 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.

CastleGate Log	gistics Inc.			
(Enter name of	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "	COMPANY," "CORPORATIO	N,"
CastleGate Lo	gistics Inc.			
(If name unavai	ilable in Florida, enter alternate corporate na	me ado	pted for the purpose of transacti	ng business in Florida)
Delaware 2.	•		7-3110643	
February 10, 2	try under the law of which it is incorporated) 015		(FEI number, if a	
4	te of incorporation)	5	(Date of duration, if other	-4
(Da	te of incorporation)	•	(Date of duration, if other	r than perpetual)
6				
	(Date first transacted busine:	s in F	orida, if prior to registration)	
	(655 656 110.15 667.1561 66 66	7.1502	, F.S., to determine penalty liabi	lity)
4 Copley Place, 7.	Floor 7, Boston, MA 02116			
	(Pri	ncipal	office address)	
	(Current ma	ailine s	address, if different)	
	(Current in		iddress, ir dirielent,	20.20
8. Name and stre	eet address of Florida registered agent: ((P.O. 1	Box NOT acceptable)	造上
Name:	Incorporating Services, Ltd.		<u> </u>	T O P
Office Address:	1540 Glenway Drive		_	مہنے 🔾
	Tallahassee, FL		32301 , Florida	I: 56 TATE ORIDA
	(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.

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

A. DIRECTORS Chairman: __ Address: __ Vice Chairman: Address: Director: Address: ____ Director: Address: _ **B. OFFICERS** Nicholas Malone 工 President: 4 Copley Place, Floor 7, Boston, MA 02116 Address: John Esborn Vice President: 4 Copley Place, Floor 7, Boston, MA 02116 Address: Enrique Colbert Secretary: 4 Copley Place, Floor 7, Boston, MA 02116 Address: Nicholas Malone Treasurer: 4 Copley Place, Floor 7, Boston, MA 02116 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. MICHELAS MARONG

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CASTLEGATE LOGISTICS 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 SIXTEENTH DAY OF FEBRUARY, A.D.

2017.

TAYS STATE OF THE STATE OF THE

5690346 8300 SR# 20170556364 Authentication: 201995362

Date: 02-16-17