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S Warren APR 11 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 587813 8113207

AUTHORIZATION : Syncholic man

COST LIMIT : '\$`70.00

ORDER DATE: April 6, 2017

ORDER TIME: 12:43 PM

ORDER NO. : 587813-005

CUSTOMER NO: 8113207

FOREIGN FILINGS

NAME: ELEVATE INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	Elevate Inc.			
SODO		of corporation	n - must include suffix	
Dear S	ir or Madam:			
"Certi	iclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Sta	nding" and check are sub	
Please	return all correspondence concerr	ning this matte	r to the following:	
Ellen I	Krause-Grosman			
-		Name of	Person	
Elevat	e Inc.			
		Firm/Cor	npany	
45 Pro	spect Street,			
		Addı	ess	
Cambi	idge MA 02139			
		City/State a	and Zip code	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ekgele	vate@gmail.com			
	E-mail addres	s: (to be used	for future annual report	notification)
For fu	rther information concerning this i	natter, please	call:	
Ellen l	Krause-Grosman	800	605-0671	
	Name of Person	at (Area Coo	de Daytime Telep	phone Number
	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclos	sed is a check for the following am	ount:		
☐ \$7 ¹	0.00 Filing Fee	~	3 \$78.75 Filing Fee & Certified 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
Elevate Destinati	ons Inc.	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
MA	2	58-2669451
10/01/2002		(FEI number, if applicable) N/A
(Date	of incorporation)	(Date of duration, if other than perpetual)
Upon Qualificati	on	
-	Street, Cambridge MA 02139 (Princi	pal office address)
	(Current mail	ing address, if different)
	, ,	in the second se
Name and stree	t address of Florida registered agent: (P.	
Name:	Michael Werbow	
		- IT
fice Address:	2267 Hillview Street	
	Sarasota	, Florida
	(City)	(Zip code)
aving been name signated in this orther agree to co	application, I hereby accept the appoint	vice of process for the above stated corporation at the planent as registered agent and agree to act in this capacities relative to the proper and complete performance of my of my position as registered agent.
	Michael U	Verbow
_	(Panistared	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 Dominique Callimanopulos 45 Prospect Street, Cambridge MA 02139 Address: _ Vice Chairman: ___ Address: Director: __ **B. OFFICERS** Dominique Callimanopulos President: 45 Prospect Street, Cambridge MA 02139 Address: _ Vice President: _____ Address: _____ Dominique Callimanopulos Secretary: 45 Prospect Street, Cambridge MA 02139 Address: _ Dominique Callimanopulos Treasurer: 45 Prospect Street, Cambridge MA 02139 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Dominique Callinanopulos
Dominique Callinanopulos (Apr 5, 2017) 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.

Dominique Callimanopulos, President

13. ____



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

Date: April 07, 2017

To Whom It May Concern:

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

Certificate Number: 17040124740

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

Processed by: