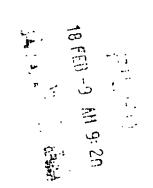
# F18000000681

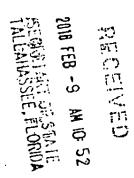
| (Red                      | questor's Name)   |                    |  |
|---------------------------|-------------------|--------------------|--|
| (Add                      | dress)            |                    |  |
| (Ado                      | dress)            |                    |  |
| (City                     | y/State/Zip/Phone | <del>&gt;</del> #) |  |
| PICK-UP                   | MAIT              | MAIL               |  |
| (Bus                      | siness Entity Nan | ne)                |  |
| (Document Number)         |                   |                    |  |
| Certified Copies          | Certificates      | of Status          |  |
| Special Instructions to F | Filing Officer:   |                    |  |
|                           |                   |                    |  |
|                           |                   |                    |  |
|                           |                   |                    |  |

Office Use Only



500308837275





O SIMMONS FEB 1 2 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 063333 \_ 4304

AUTHORIZATION : Sould Blenda

COST LIMIT : \$\foralloon 70\foralloon 0

\_\_\_\_\_\_

ORDER DATE : February 8, 2018

ORDER TIME : 9:55 AM

ORDER NO. : 063333-010

CUSTOMER NO: 4304937

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: FLICKRAY, 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: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

| TO: Registration Section Division of Corporation  |   |  |  |  |
|---|---|--|--|--|
| SUBJECT: FlickRay, Inc  | s   |  |  |  |
| <del> </del>  | Name of corporation                             | on - must include suffix                         |  |  |
| Dear Sir or Madam:  |   |  |  |  |
| The enclosed "Application "Certificate of Existence," above referenced foreign c  | or "Certificate of Good St                      | anding" and check are sub                        |  |  |
| Please return all correspon   | dence concerning this mate                      | ter to the following:                            |  |  |
|   | Name o  | of Person  | <del></del>  |  |
| Mintz, Levin, Cohn, Ferris, O   | Glovsky and Popeo, P.C.                         |  |  |  |
|   | Firm/Co   | ompany   | , <u>*</u>   |  |
| One Financial Center  |   |  |  |  |
|   | Ado   | lress  |  |  |
| Boston, MA 02111  |   |  |  |  |
|   | City/State                                      | and Zip code                                     |  |  |
|   | E-mail address: (to be use                      | d for future annual report                       | notification)  |  |
| For further information co  | ncerning this matter, please                    | e call:  |  |  |
| Anne Leland at (617 ) 542 6000  |   |  |  |  |
| Name of Person  | Area Co   | Daytime Telep                                    | hone Number  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   | Registration S<br>Division of Co<br>P.O. Box 632 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |
| Enclosed is a check for the   | following amount:                               |  |  |  |
| □ \$70.00 Filing Fee C  | 3 \$78.75 Filing Fee &<br>Certificate of Status | S78.75 Filing Fee & Certified Copy               | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy                                 |  |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|   | WITH SECTION 607.1503, FLORIDA ST.<br>EIGN CORPORATION TO TRANSACT BU   |  |   |
|---|---|--|---|
| (Enter name of co   | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")   | "COMPANY," "CORPORATION,"  | •   |
| Delaware  | ble in Florida, enter alternate corporate name ac   |  | ·   |
| <ul> <li>February 6, 2018</li> </ul>                        |   |  |   |
| ·(Date  | of incorporation) 5   | (Date of duration, if other th   | an perpetual)                                   |
| (L)ale  | or meorporation)  | toute of autation, it office th  | an perperuary                                   |
| 161 Forest Street,  | (Date first transacted business in I<br>(SEE SECTIONS 607.1501 & 607.150<br>Sherborn, MA 01770  | 2, F.S., to determine penalty liability                                | )<br>   |
|   | (Principa   | l office address)  | の一門   |
|   | (Current mailing  | address, if different)   | , j   |
| Name and street   | <u>ı address</u> of Florida registered agent: (P.O.   | Box NOT acceptable)  | AH 9: 20  |
| Name:   | Corporation Service Company   | ·  | 20 A  |
| Office Address:   | 1201 Hays Street  |  |   |
| Title / radioss.  | Tallahassee   | 32301<br>, Florida   |   |
|   | (City)  | (Zip code)   |   |
| laving been name<br>esignated in this<br>orther agree to co | nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme amply with the provisions of all statutes re- amiliar with and accept the obligations of | ent as registered agent and agree<br>lative to the proper and complete | e to act in this capacity. It performance of my |
| Co<br>By  | orporation Service Company  |  | Roxanne Turner<br>Asst. Vice Preside            |
|   |   | ,  |   |

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:

| ALTORS  |
|---|
| Michael D. Webb   |
| 161 Forest Street   |
|   |
| Sherborn, MA 01770  |
|   |
| Steven Selfors  |
| 161 Forest Street   |
|   |
| Shertsorn, MA 01770   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| by CO   |
|   |
| ICERS E   |
| Michael Webb  |
|   |
| 161 Forest Street   |
| Sherborn, MA 01770  |
| Sherborn, MA 01770  |
|   |
| sident:   |
|   |
|   |
|   |
| Steven Selfors  |
| 161 Forest Street, Sherborn, MA 01770   |
|   |
| Steven Selfors  |
| 161 Forest Street, Sherborn, MA 01770   |
|   |
| If necessary, you/may attach an addendum to the infligation listing additional officers and/or directors.   |
| Triccessary, you/may affact an addengant to the strong and the strong additional and addengant to the strong and a strong |
| 1/V 1 / 1/1/2 1 / 1/2 / |
| Signature of Director or Officer  |
| peer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes  |
| legree felony as provided for in s.817.155. F.S.  |
| chael Webb, President and Chief Executive Officer   |
|   |
| (Typed or printed name and capacity of person signing application)  |
|   |

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLICKRAY, 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 EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLICKRAY, INC."

WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202114781

Date: 02-08-18

6658783 8300 SR# 20180832484

#### **COVER LETTER**

|   | CO: Registration Section Division of Corporations |   |  |   |  |
|---|---|---|--|---|--|
| SUBJEC  | T: FlickRay,                                      | Inc.  |  |   |  |
|   |   |   | oration - r                                      | nust include suffix   |  |
| Dear Sir o  | r Madam:  |   |  |   |  |
| "Certificat   | e of Existenc                                     | ion by Foreign Corporat<br>e," or "Certificate of Go<br>n corporation to transact | od Standir                                       | ng" and check are sub   |  |
| Please retu   | ırn all corresp                                   | ondence concerning this   | s matter to                                      | the following:  |  |
|   | <u> </u>  | Na  | ame of Per                                       | son   |  |
| Mintz, Lev  | in, Cohn, Ferri                                   | s, Glovsky and Popeo, P.C   | -  |   |  |
|   |   | Fir   | m/Compa  | ny  |  |
| One Financ  | ial Center  |   |  |   |  |
|   |   |   | Address  |   |  |
| Boston, M.  | A 02111   |   |  |   |  |
|   |   | City  | State and  | Zip code  |  |
| <del>1</del>  |   | E-mail address: (to be  | e used for                                       | future annual report i  | notification)  |
| For furthe  | r information                                     | concerning this matter,   | please call                                      | :   |  |
| Anne Lela   | nd  | at (61  | 7 )  | 542 6000  |  |
| N   | ame of Perso                                      | n Ar  | rca Code   | Daytime Telep   | hone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   |   | Registration S<br>Division of Co<br>P.O. Box 632 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 |  |
| Enclosed i  | s a check for                                     | the following amount:   |  |   |  |
| ☐ \$70.00   | Filing Fee  | S78.75 Filing Fee & Certificate of State  |  | 78.75 Filing Fee &<br>Certified Copy  | □ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|   | E WITH SECTION 607.1503, FLORIDA STA<br>REIGN CORPORATION TO TRANSACT BU   |  |                            |
|---|--|--|----------------------------|
| (Enter name of o  | corporation; must include "INCORPORATED," Corp," "Inc." "Co," or "Corp.")  | "COMPANY," "CORPORATION,"  |                            |
| Delaware  | lable in Florida, enter alternate corporate name ad  |  |                            |
| February 6, 201   | 3  |  |                            |
| (Date   | (Date of incorporation) 5  |  | an perpetual)              |
| 6   | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.150<br>t, Sherborn, MA 01770  |  | 8                          |
| <u></u>   |  |  | > 0                        |
|   | (Current mailing   | address, if different)   | MI 9: 20                   |
| 8. Name and stre  | et address of Florida registered agent: (P.O.  | Box NOT acceptable)  | 4. 20                      |
| Name:   | Corporation Service Company  |  |                            |
| Office Address:   | 1201 Hays Street   | <u></u>  |                            |
|   | Tallahassee  | , Florida  |                            |
|   | (City)   | (Zip code)   |                            |
| Having been nan<br>designated in this<br>further agree to c | ent's acceptance:<br>ned as registered agent and to accept service<br>is application, I hereby accept the appointme<br>comply with the provisions of all statutes rel<br>familiar with and accept the obligations of t | ent as registered agent and agree<br>lative to the proper and complete | to act in this capacity. I |
| (   | Samuel Coming Comment  |  | Roxanne Turner             |
|   | Corporation Service Company  3y:   |  | Asst. Vice President       |
| _   |  | ent'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 Michael D. Webb Director Однжихижих 161 Forest Street Address: Sherborn, MA 01770 Steven Selfors Director 161 Forest Street Address: Sherborn, MA 01770 Director: \_\_\_ Address: Director: B. OFFICERS CEO and Michael Webb President: 161 Forest Street Address: Sherlsom, MA 01770 Vice President: Address: \_ Steven Selfors Secretary: 161 Forest Street, Sherborn, MA 01770 Address: \_ Steven Selfors Treasurer: 161 Forest Street, Sherborn, MA 01770 Address: NOTE: If necessary, you may attack an adden turn to the your dation 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

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

a third degree felony as provided for in s.817.155, F.S. Michael Webb, President and Chief Executive Officer

13. \_

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLICKRAY, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

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