F18000000867

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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LEBELLARRIES J. HARRIS

COVER LETTER

| TO: | Registration Sec Division of Cor | | | | | | | |
|---|-------------------------------------|--|----------------|--|----------------------------|--|--|--|
| CLID | CR NEW | BURY STREET C | ORP | | | | | |
| SUBJ | JECT: | Name | of corporatio | n - must | include suffix | | | |
| Dear S | Sir or Madam: | | | | | | | |
| "Certi | | e," or "Certificate | of Good Sta | nding" <mark>a</mark> | nd check are sul | oct Business in Florida," comitted to register the | | |
| | return all corresp HIA ROWLEY | ondence concern | ing this matte | er to the f | ollowing: | | | |
| | | | Name of | Person | | | | |
| CR NI | EWBURY STREET | CORP | | | | | | |
| 16 MC | ORTON STREET | | Firm/Cor | npany | | | | |
| | | <u> </u> | Addı | ess | | | | |
| NEW | YORK, NY 100 | 14 | | | | | | |
| | | | City/State | and Zip o | ode | | | |
| ACCC | OUNTING@CYNTI | HIAROWLEY.CO | M | | | | | |
| | | E-mail addres | s: (to be used | for futur | e annual report | notification) | | |
| For fu | rther information | concerning this n | natter, please | call: | | | | |
| ADAM C HOFFMAN | | 631 | | 499-1500 | | | | |
| | Name of Person | 1 | Area Coo | / ie | Daytime Telep | hone 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 | | | | |
| | sed is a check for t | he following am \$78.75 Filin Certificate | g Fee & | | 5 Filing Fee & ied Copy | \$87.50 Filing Fee. Certificate of Status & Certified Copy | | |



January 18, 2018

CYNTHIA ROWLEY 16 MORTON STREET NEW YORK, NY 10014

SUBJECT: CR NEWBURY STREET CORP

Ref. Number: W18000005189

We have received your document for CR NEWBURY STREET CORP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00001158

RECEIVED FEB 21 2013

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZAT

| (Enter name of co | orporation; must include "INCORPORATION | D." "COMPANY." "CORPORATION." | · · · · · · · · · · · · · · · · · · · |
|------------------------------------|--|---|--|
| "Inc.," "Co.," "Cc | orp." "Inc." "Co." or "Corp.") | COMPONENT CORPORATION," | |
| | | | ٧. |
| (If name unavailat | ble in Florida, enter alternate corporate name | and among the share and | |
| | ness in Florida) | | |
| (State or country) | under the law of which it is incorporated) | (FEI number, if applicab | nie) |
| 7310172009 | _ | | |
| (Date o OVEMBER 1, 2 | f incorporation) | (Date of duration, if other than | perpetual) |
| | (Date first transacted business | in Florida, if prior to registration) | 1 |
| MORTON STRE | (SEE SECTIONS 607,1501 & 607, | 1502, F.S., to determine penalty liability) | 2018 |
| 11011 ON 21 KI | 2 E T | | <u> </u> |
| | | 2 | <u> </u> |
| | (Princ | ripal office address) | |
| | (Princ | ipal office address) ling address, if different) | ************************************** |
| | (Princ | | 20 FF () |
| W YORK, NY | (Princ | ling address. if different) | FEB 21 F11 1: 28 |
| W YORK, NY | 10014 (Current mail | ling address. if different) | FEB 21 F1 1: 20 |
| W YORK, NY ne and street a Name: | (Prince) 10014 (Current mail) ddress of Florida registered agent: (P | ling address. if different) | FEB 21 F11 1: 28 |
| W YORK, NY | (Prince) 10014 (Current mail) ddress of Florida registered agent: (P | ling address, if different) 2.O. Box NOT acceptable) | FEB 21 F1 1: 20 |

esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I erther agree to comply with the provisions of all statutes relative to the proper and complete performance of my uties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

ched is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to entiof State, by the Secretary of State or other official having custody of corporate records in the jurisdiction which it is incorporated.

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

| | CYNTHIA ROWLEY | | | | | | | | |
|-------------------------|--|--------------|------------|--------------|--|--|--|--|--|
| Chairmar Address: | 30 PERRY ST - APT 1 | | | | | | | | |
| Address: | NEW YORK, NY 10014 | | | | | | | | |
| Vice Cha | irman: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Director: | | | | | | | | | |
| Address: | | <u>-</u> | | | | | | | |
| | | | | . | | | | | |
| Director: | | _ | | - | | | | | |
| Address: | | | | _ | | | | | |
| B. OFF | TICERS | | | | | | | | |
| President | · | <u>-</u> | | | | | | | |
| Address: | | | | | | | | | |
| Vice Pres | sident: | · | 55 | | | | | | |
| | | £ #4 | - F | | | | | | |
| Address. | | ^ • | 54) D.Y | | | | | | |
| Secretary | | | - 1 | | | | | | |
| Address: | | • | ••• | | | | | | |
| Treasurer | | | #46 #46 | | | | | | |
| Address: | | | | | | | | | |
| NOTE: | If necessary, you may attactran addendum to the application listing additional officers and/o | r direct | lors. | | | | | | |
| 12.(💢 | Signature of Director or Officer | | | | | | | | |
| are true a a third d | cer or director signing this document (and who is listed in number 11 above) affirms that the tand that he or she is aware that false information submitted in a document to the Department egree felony as provided for in \$ 817.135, F.S. | | | | | | | | |
| 13. PRE | (Typed or printed name and capacity of person signing application) | | | | | | | | |
| | (ryped or prince maine and capacity or person signing application) | | | | | | | | |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

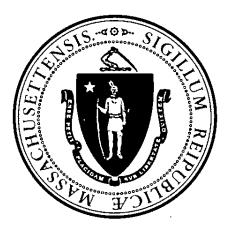
Date: February 09, 2018

To Whom It May Concern:

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

CR NEWBURY STREET CORP.

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

William Travino Gallein

Certificate Number: 18010343240

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

Processed by: