## A8000005060

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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18 NOV -5 PH 1: 57
DIVISION OF CHARACTIONS
TALL AND SET ORIDA

11/6/18 05

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 471441 7890154			
AUTHORIZATION : STUDIOS EN OLO	ر		
COST LIMIT : \$ 70.00			
ORDER DATE: November 5, 2018	• • • •	ر د رغ د رغ	
ORDER TIME : 12:59 PM			-
ORDER NO. : 471441-005		ر ا	·
CUSTOMER NO: 7890154		IJ	רו
		- <del></del>	_(
FOREIGN FILINGS	<b></b>	51.	
NAME: CREW BY TRUE ROWING, 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**

	Registration Sec Division of Corp						
SUBJEC	Crew by T	rue Rowing, Inc.					
30130120		Name o	of corporation	- must i	nclude suffix		
Dear Sir	or Madam:						
"Certifica	ate of Existence	on by Foreign Co e," or "Certificate n corporation to tr	of Good Star	nding" ar	nd check are sul		
Please re	turn all corresp	ondence concerni	ng this matte	r to the f	ollowing:		
Rosalie V	azquez						50
			Name of	Person	·· —		
Latham &	Watkins LLP						(2) (2) (3) (4) (4) (4) (4)
			Firm/Con	npany			<u> </u>
1000 Win	iter Street, Suite	3700					T :
			Addr	ess			
Waltham.	MA 02451					**	5
			City/State a	nd Zip c	ode		_
rosalie.va	zquez@lw.com						
		E-mail address	: (to be used	for futur	e annual report	notification)	
For furth	er information	concerning this m	atter, please	call:			
Bruce Sm	nith		617 at (	398-	7840		
]	Name of Person	n	Area Cod	 le	Daytime Telep	ohone Number	_
Б П С 2	STREET/COU Registration Sec Division of Cor Elifton Building 2661 Executive Fallahassee, FL	porations 3 Center Circle	S:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	
Enclosed	is a check for	the following amo	ount:				
☐ \$70.0	0 Filing Fee	□ \$78.75 Filing Certificate o			5 Filing Fee & ied Copy	S87.50 F Certified Certified	ate of Status &

## 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," "forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Delaware	able in Florida, enter alternate corporate name add	2-3426428	
November 16 2	y under the law of which it is incorporated) 2017		
(Date	5	(Date of duration, if other than per	petual)
234 Bent Street,	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503 #5, Cambridge, MA 02141	, F.S., to determine penalty liability)	. 625 (.32 (.33 (.33)
234 Bent Street,	#5, Cambridge, MA 02141	office address)	-5 - VO
Name:	et address of Florida registered agent: (P.O. Corporation Service Company  1201 Hays Street	address, if different)  Box <u>NOT</u> acceptable)	T = 51
Office Address:	Tallahassee		

#### 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.

Corporation Service Company
By: Roxanne Turner
Asst. Vice President

(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:	` 1
A. DIRECTORS	
Chairman:	
Address:	
Director:	
Address:	
Bruce Smith Director:	
14 Arrow Street, Suite 4, Cambridge, MA 02138 Address:	
Director:	1. 6.3
Address:	
B. OFFICERS  Bruce Smith	T C
President: 14 Arrow Street, Suite 4, Cambridge, MA 02138	<u>~</u>
Vice President:	
Address:	
Bruce Smith Secretary:	· · · · · · · · · · · · · · · · · · ·
Address:	
Bruce Smith Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition 12.	al officers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.  Bruce Smith, President  13.	

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

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CREW BY TRUE ROWING, 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 FIFTH DAY OF NOVEMBER, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREW BY TRUE ROWING, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203835363

Date: 11-05-18

6619130 8300 SR# 20187479052