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(Requestor's Name)						
(Address)						
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(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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 710562 8263341

AUTHORIZATION: Spelle Bless

COST LIMIT : \$ 70.00

ORDER DATE : April 4, 2019

ORDER TIME : 9:31 AM

ORDER NO. : 710562-065

CUSTOMER NO: 8263341

FOREIGN FILINGS

NAME: TIDELIFT, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corpo						
	Tidelift, Inc	orations					
SUBJ	ECT:						
		Name	of corporation	- must include suffix	_		
Dear S	Sir or Madam:						
"Certi		or "Certificate	e of Good Star	iding" and check are sul	act Business in Florida," bmitted to register the		
Please	return all correspo	udence concern	ing this matter	to the following:			
	Please return all correspondence concerning this matter to the following:						
Tidelifi	Inc		Name of	Person	ćū		
- Ideim							
			Firm/Com	pany			
50 Mill	k St, 16th Flr						
			Addre				
Boston	, MA 02109						
			City/State a	nd Zin aada	· · · · · · · · · · · · · · · · · · ·		
info@t	idelift.com		City/State a	na zip code			
		F-mail address	e: Ita ba wad I	for future annual report	notification)		
		E-man addres	s. (to be used i	or future annual report	notification)		
For fu	ther information co	oncerning this n	natter, please o	eall:			
Donald Fischer		617	528-9673				
			at (_)			
	Name of Person		Area Cod	e Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314			
Enclos	ed is a check for the	e following am	ount:				
= \$70	0.00 Filing Fee (□ \$78.75 Filin Certificate		\$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. Tidelift, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DE 82-1805940 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 05/19/2017 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 50 Milk St, 16th Flr Boston, MA 02109 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City)

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:

(Registered agent's signature)

Roxanne Turner

Asst. Vice President

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.

A. DIRECTORS Chairman: _____ Address: Vice Chairman: Address: Robert Pennington Director: 50 Milk St, 16th Flr., Boston, MA 02109 Address: __ **B. OFFICERS** Donald Fischer President: 50 Milk St. 16th Flr., Boston, MA 02109 Address: ___ Vice President: Address: _____ Luis Villa, IV Secretary: 50 Milk St, 16th Flr., Boston, MA 02109 (ddress: Jeremy Katz reasurer: 50 Milk St, 16th Flr., Boston, MA 02109 ddress: __ OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer e officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes aird degree felony as provided for in s.817.155, F.S. Donald Fischer, President and CEO

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TIDELIFT, 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 FOURTH DAY OF APRIL, A.D. 2019.

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

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

WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Authentication: 202582634

Date: 04-04-19

6416257 8300 SR# 20192569971