

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016-2018

DOCUMENT # M000000002314

1. Limited Liability Company's Name
Veritude LLC

2. Principal Office Address - No P.O. Box #
245 Summer Street, ZW9A

Suite, Apt. #, etc.

City & State
Boston, MA

Zip
02210

Country
USA

3. Mailing Office Address
200 Seaport Blvd., ZW9A

Suite, Apt. #, etc.

City & State
Boston, MA

Zip
02210

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida
11/09/2000

6. FEI Number
04-3535482

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/11/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Paul H. Lesser	245 Summer Street	Boston, MA 02210
Manager	Laurel A. Link	245 Summer Street	Boston, MA 02210
Asst. Sec	Brian C. McLain	245 Summer Street	Boston, MA 02210

11. E-mail Address: Jennie.Piccolo@fmr.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager Brian C. McLain Date 05/10/2018 Daytime Phone # 617-563-7000

Typed or printed name of signing Authorized Representative/Manager Brian C. McLain

251

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 5/11/2018

Acc#I20160000072



Name:	Veritude LLC (DE)
Document #:	M00000002314
Order #:	10970155

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

2018 MAY 11 PM 1:31

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 546.25

Thank you!