: 6 40000020002 то: Hervera Filings Team Page 3 of 7 Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H14000096809 3))) H140000968093AEC34 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From:

Account Name : HARVARD BUSINESS SERVICES, INC. Account Number : I20080000045 : (302)645-7400 Phone Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

johan@shorelight.com Email Address:

	Foreign Limited Lia Shorelight-Sta	• • •	GALSE TA
51 AIDA	Certificate of Status	1	APR T
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RECEI , APR 25 , APR 25			APR 2 8 2014

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

4/25/2014 13:36:00 507

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Shorelight-Stars, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If nume unavailable, enter alternate name udopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

, Delaware

Page 5 of 7

3. <u>3</u>8-3921789

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hich foreign limited liability

(FEI number, if applicable)

(Jurisdiction	under	the	law	oſ	Ŵ
company is	organi	izedì	1		

4.	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	يهمر ۴		
5.	One Mifflin Place Suite 400		T.	
	Cambridge, MA 02138	Crtc LAH	APR	frantona 1
	(Street Address of Principal Office)	202	^N	स्वयः भाग्यः । स्वयः इत्यप्ति
6.	One Mifflin Place Suite 400		പ	Ŧ.
	Cambridge, MA 02138	e de la companya de		1 1 1 1 1 1
	(Mailing Address)		<u></u>	Winger A
7.	The name, title or capacity and address of the person(s) who has/have authorit	y to manage i	-	

Johan de Muinck Keizer One Mifflin Place Suite 400 Cambridge, MA 02138

Authorized Person

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

di

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Johan de Muinck Keizer

Typed or printed name of signee

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1 100

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Desister end				
Registered /	Agents Inc.	A Service	14	
<u>_</u>	(Name)		APR	16/1
3030 N. Roc	ky Point Dr. STE 150A	E IAR HASS	R 25	។ទេក ភ្លូវនេះ ម្ល
Florida Stre	el Address (P.O. Box NOT ACCEPTABLE)	بر بر میں چاہد		ن 1409 11
Tampa	51 33607	LOR	39	() 200 4
<u></u>	<u>rL</u> City/State/Zip	ng	24	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Dan Keen - President (Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHORELIGHT-STARS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORELIGHT-STARS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2013.





retary of State TION: 1313396 AUTHENS

DATE: 04-23-14

5419164 8300

140506546 Tou may verify this certificate onli at corp.delaware.gov/authver.shtml

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