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Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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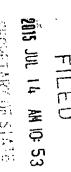
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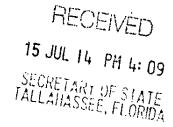
COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:	The Colony Group,	LLC								
BUDGEOIT _	Name of Limited Liability Company									
The enclosed Existence, and	'Application by For check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizanced foreign limi	ition to Tra ted liability	ansact Business in Florida," Certificate of y company to transact business in Florida					
Please return a	ll correspondence o	concerning this matter to the	following:							
	Gina K. Bradle	y, General Counsel								
	Name of Person									
	The Colony Group, LLC									
	Firm/Company									
	2 Atlantic Ave.									
	Address									
	Boston, MA 02110									
		City/St	ate and Zip Code							
	gbradley@thecol									
		E-mail address: (to be used	for future annual	report not	ification)					
For further info	ermation concerning	g this matter, please call:								
Gina	K. Bradley		617 at (723-820)	00					
	Name o	f Contact Person	Area Code	Day	time Telephone Number					
Divisi Regis P.O. I	LING ADDRESS: on of Corporations tration Section Box 6327 tassee, FL 32314			Division of Registratic Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle ee, FL 32301					
	neck for the followi 15.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2015

GINA K. BRADLEY, GENERAL COUNSEL 2 ATLANTIC AVENUE BOSTON, MA 02110

SUBJECT: THE COLONY GROUP OF FLORIDA, LLC

Ref. Number: W15000044316

We have received your document for THE COLONY GROUP OF FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Based on the information you have provided and in accordance with s.607.1502(4), 605.0904(7) or 617.1502(4), F.S., this office will reduce the civil penalty of \$1,000 per year to \$500 per year for each year this entity transacted business or conducted its affairs in Florida prior to qualification. Therefore, the total amount due to cover both annual report/uniform business report and penalty fees is \$1,055.00.

Please return your document, along with 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 015A00013574

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

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:

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORI	IDA:		
1. The Colony Group, LL				n
		must include "Limite	d Liability Company," "L.L.C.," or "LLC.	")
The Colony Group of Flor				
Liability Company," "L.L.C,		_	usiness in Florida. The alternate name mus	: include "Limited
2. Delaware		3. <u>90-0751</u>	149	<u></u> .
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4. October 1, 2011				•
	(Date first transacted bus (See sections 605.0904 & 6	siness in Florida, if p	rior to registration.)	
5. 2 Atlantic Ave.	(See Seelions 003.0704 & 0	NJ.0705, 1 .0. 10 act		
Boston, MA 02110				
	(Street Address	of Principal Office)		tiva 📽
6. 2 Atlantic Ave.				
Boston, MA 02110				
	(Mailir	ng Address)		
7 Name and street address	s of Florida registered agent:	(P.O. Boy NOT a	ccentuble)	
-		(1.0. DOX 1101 a	coeptable)	
Name:	Joseph Salvati			東京 京
Office Address:	5150 Tamiami Trail North, S	Suite 601		€ 53
	Naples		, Florida 34103	
	(City)		(Zip code)	
Registered agent's accept		remites of nucesses :	for the above stated corporation at the	nlane decimated in
this application, I hereby	accept the appointment as reg statutes relative to the proper	gistered agent and	agree to act in this capacity. I furthe formance of my duties, and I am fami	r agree to comply
	(Reg	gistered agent's sign	ature)	
8. The name, title or cans	city and address of the person	n(s) who has/have a	authority to manage is/are:	
Michael J. Nathanson, Pre				
2 Atlantic Ave., Boston, N				
211000001,1				
	of which it is organized. (If the abmitted)	e certificate is in a	henticated by the official having custod foreign language, a translation of the c	
	Signat	ure of an authorized	person	
(In accordance with section			constitutes an affirmation under the po	malties 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.)

Michael J. Nathanson

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE COLONY GROUP, 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 TWENTIETH DAY OF MAY, A.D. 2015.

5013779 8300

150632843

AUTHENTY CATION: 2394240

DATE: 05-20-15

You may verify this certificate online at corp.delaware.gov/authver.shtml