M15000006443

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



400273348914

TO KOKRUWLEUGE

FILED 15 AUG 14 AM 10: 26 SEUNETARY OF STATE

NUG 1 7 2015 V. HAMPTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 747537 7799595

AUTHORIZATION : Carelle Blorage

COST LIMIT : (\$/`l25.00

ORDER DATE : August 14, 2015

ORDER TIME : 12:31 PM

ORDER NO. : 747537-005

CUSTOMER NO: 7799595

FOREIGN FILINGS

NAME: GRAVITY LABORATORIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--|---|---|--|
| erib ra | Gravity Laboratories, LLC | , | |
| SUBJECT: Name of Limited Liability Company | | | |
| The end Existen | sclosed "Application by Foreign Limited Liabil nee, and check are submitted to register the abo | ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida | |
| Please | return all correspondence concerning this matt | er to the following: | |
| | Elizabeth Robinson, Corporate Par | alegal | |
| Name of Person | | | |
| | McLane, Graf, Raulerson & Middl | cton, P.A. | |
| Firm/Company | | | |
| | 300 TradeCenter, Suite 7000 | | |
| Address | | | |
| | Woburn, MA 01801 | | |
| | 44. | City/State and Zip Code | |
| | elizabeth.robinson@mclane.com | | |
| | E-mail address: (t | o be used for future annual report notification) | |
| For further information concerning this matter, please call: | | | |
| | Elizabeth Robinson | 781 904-2703 | |
| | Name of Contact Person | Area Code Daytime Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclose | ed is a check for the following amount: \$\Begin{align*} \Pi \text{\$125.00 Filing Fee} & \Begin{align*} \Pi \text{\$130.00 Filing} \text{ Certificate of States} \end{align*} | | |

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

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: Gravity Laboratories, LLC Chame of Foreign Limited Lisolity Company; own include I Imited Liability Company. "L.I. C., or "L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if amplicable) Upon filing of the registration (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 204 37th Ave. North #333 St. Petersburg, FL 33704 (Street Address of Paneloa) Office) 204 37th Ave. North #333 St. Petersburg, FL 33704 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Anthony Remington Name: 204 37th Ave. North #333 Office Address: St. Petersburg (City) 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 eccept 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 um familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Anthony Remington, Manager, 204 37th Ave. North #333, St. Petersburg, FL 33704 Darrya Dierickx, Manager, 1346 South Shore Drive, St. Cloud, FL 34771 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signer

Anthony Remington

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRAVITY LABORATORIES, 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 THIRD DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAVITY LABORATORIES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2015.

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

5789901 8300

151122818

DATE: 08-03-15

AUTHENTX CATION: 2609005

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