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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 703410 7663692

COST LIMIT : \$ 125-00

ORDER DATE : July 10, 2015

ORDER TIME : 10:09 AM

ORDER NO. : 703410-040

CUSTOMER NO: 7663692

#### FOREIGN FILINGS

NAME: EASTHAM CAPITAL II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## 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:

	eign Limited Liability Company; must include "Limited L.	iability Company," "L.L.C.," or '	LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting busing or "LLC.")	ess in Florida. The alternate name	e must include "Limited
2. DELAWARE	3.		
	of which foreign limited liability	(FEI number, if applicable)	
4.			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determi	to registration.)	
5. 197 1ST. AVE., STE		ne penany naomity)	
NEEDHAM, MA 0249	94		
	(Street Address of Principal Office)	<del></del>	
6. 197 IST. AVE., STE 1	00		
NEEDHAM, MA 024	94	-	
,	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accep	ptable)	
Name:	EASTHAM CAPITAL INC.		ကြော်ကြ <b>ပ</b> ော
Office Address:	6001 BROKEN SOUND PARKWAY NW, SUITE 5	10	5.55
	BOCA RATON	, Florida 33487 (Zip code)	S S T
•	(City)	(Zip code)	me 2 11
	egistered agent and to accept service of process for t accept the appointment as registered agent and ag		
	statutes relative to the proper and complete perform ition as registered agent. Eastham Capital, Inc. By:		
with the provisions of all	statutes relative to the proper and complete perform ition as registered agent. Eastham Capital, Inc. By:		
with the provisions of all the obligations of my pos	statutes relative to the proper and complete performation as registered agent. Eastham Capital, Inc. By:  (Registered agent's signature Matthew Rosenthal, President	<del>=</del> )	
with the provisions of all the obligations of my pos	statutes relative to the proper and complete performation as registered agent. Eastham Capital, Inc.  By:  (Registered agent's signature Matthew Rosenthal, President acity and address of the person(s) who has/have authors	<del>=</del> )	
with the provisions of all the obligations of my pos 8. The name, title or cap MATTHEW ROSENTH.	statutes relative to the proper and complete performation as registered agent. Eastham Capital, Inc.  By:  (Registered agent's signature Matthew Rosenthal, President acity and address of the person(s) who has/have authors	<del>=</del> )	

Typed or printed name of signee

MATTHEW ROSENTHAL

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "EASTHAM CAPITAL II, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EASTHAM CAPITAL II, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4740522 8300

151181000

AUTHENTY CATION: 2651553

DATE: 08-17-15

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