

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	· · · ·
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		ļ

Office Use Only



400279132494

HOT INTENDED

10 ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED

DEPARTMENT OF STATE

DIVERTING OF COLUMN A

FILED

S NO 13 M 9 2

NOV 1 6 2015 S. YOUNG



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 871786 4304918

AUTHORIZATION :

COST LIMIT : \$\frac{1}{2}5.00

ORDER DATE: November 13, 2015

ORDER TIME : 3:55 PM

ORDER NO. : 871786-005

CUSTOMER NO: 4304918

FOREIGN FILINGS

NAME: OTTWAY 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:

15 NOV 13 AM 9: 25 SECRETARY OF STATE SECRETARY OF STATE

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 REINDESS IN THE STATE OF FLORIDA.

	sign Enimed Elabinty Company, must medde	le "Limited Liability Company," "L.L.C.," or "LL	C.")
Liability Company," "L.L.C."		sacting business in Florida. The alternate name m	ust include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)	
5. c/o Ms. Katie Sullivan	, Streamline Family Office, Inc.		
9 Walpole Street, Dove			
1 3 4 75 3 6 40	(Street Address of Principal	Office)	
6. c/o Ms. Katie Sullivan,	Streamline Family Office, Inc.	· · · · · · · · · · · · · · · · · · ·	
P.O. Box 174, Dover, M	MA 02030		
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
~ .			
Having been named as req designated in this applicat to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as	process for the above stated limited liability of segistered agent and agree to act in this cap and complete performance of my duties, and Melissa Zend	pacity., I further agree
Having been named as req designated in this applicat to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper o	s registered agent and agree to act in this cap and complete performance of my duties, and Melissa Zend	pacity), I further agree
Having been named as reg designated in this applicat to complywith the provision accept the obligations of n	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	melissa Zend Asst. Vice Presi	pacity), I further agree I I am familiar with an ler \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Having been named as reg designated in this applicat to complywith the provision accept the obligations of n 8. The name, title or capa	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Registered agent city and address of the person(s) who has	melissa Zend Asst. Vice Presi	pacity), I further agree
Having been named as regularing been named as regularing the signated in this application complywith the provision accept the obligations of name, title or capa. Andrew M.	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Degistered agen	melissa Zend Asst. Vice Presi	pacity), I further agree
Having been named as regularing been named as regularing the provision of the provision of the provision of the provision of the obligations of the name, title or capa. Andrew M. Colo Ms. Katic Sullivan, Str	gistered agent and to accept service of partion, I hereby accept the appointment as one of all statutes relative to the proper on position as registered agent. (Registered agent city and address of the person(s) who have reamline Family Office, Inc.	melissa Zend Asst. Vice Presi	pacity), I further agree
8. The name, title or capa Andrew M. c/o Ms. Katie Sullivan, Str P.O. Box 174, Dover, MA	gistered agent and to accept service of ption, I hereby accept the appointment as ons of all statutes relative to the proper on position as registered agent. Rocklage, Manager reamline Family Office, Inc. 02030 of existence, no more than 90 days old, coff which it is organized. (If the certificate	Melissa Zend Asst. Vice Presi s/have authority to manage is/are:	pacity, I further agree of I am familiar with an left of the second of t

t

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John D. Varella, Esq.

()

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "OTTWAY 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 SEVENTH DAY OF OCTOBER, A.D. 2015.



5845549 8300 SR# 20150424301

Authentication: 10208550

Date: 10-07-15

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