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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

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

 Address:			

## Foreign Limited Liability Company CIC INNOVATION SERVICES, LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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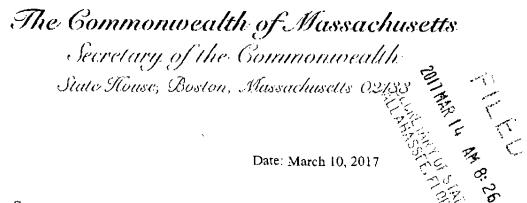
K. SALY

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CIC Innovation Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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 "L.LC.") Commonwealth of Massachusetts 37-1769536 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon filing (Daté lirst transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1911 HR 14 18 26 One Breadway, 14th Floor Cambridge, MA 02142 (Street Address of Principal Office) One Broadway, 14th Floor Cambridge, MA 02142 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Florida (City) (Zip code) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with und accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Timothy Rowe, Manager, One Broadway, 14th Floor, Cambridge, MA 02142 Geoff Mamlet, Manager, One Broadway, 14th Floor, Cambridge, MA 02142 Brian Dacey, Manager, One Broadway, 14th Floor, Cambridge, MA 02142 Stas Gayshan, Manager, Onc Broadway, 14th Floor, Cambridge, MA 02142 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) Signature of an authorized pe 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. Brian Daccy, Manager

Typed or printed name of signee





Date: March 10, 2017

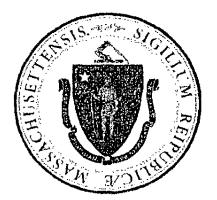
To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

## CIC INNOVATION SERVICES, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on November 17, 2014.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Secretary of the Commonwealth

ranio Galicin

Certificate Number: 17030200430

Verify this Certificate at. http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify aspx

Processed by: