

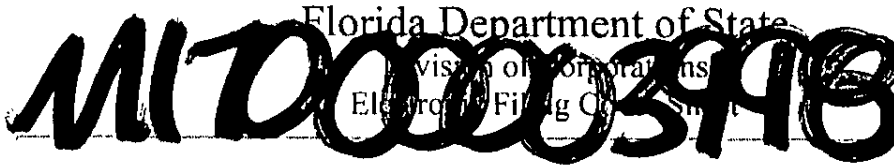
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Page: 2

Division of Corporations



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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP
Account Number : I20160000061
Phone : (561)544-8900
Fax Number : (561)544-8999

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

Email Address: ljc@pbl-law.com

**Foreign Limited Liability Company
CAMBRIDGE CAPITAL ADVISORS SE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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D. SCOTT

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H17000122754

**JOINT WRITTEN CONSENT
TO USE OF NAME
IN LIEU OF A MEETING
OF THE
MEMBERS AND MANAGERS
OF
CAMBRIDGE CAPITAL ADVISORS SE, LLC**

The undersigned, being the Members and Managers of Cambridge Capital Advisors SE, LLC (hereinafter the "Company"), does hereby consent to the following actions pursuant to Florida Statute §605.0112(b):

WHEREAS, the Company filed articles of organization with the Florida Department of State on June 2, 2016 and was assigned Florida Document Number L16000107526; and

WHEREAS, the Company was dissolved pursuant to articles of dissolution filed with the Florida Department of State on May 4, 2017; and

WHEREAS, the Company does not intend to revoke the dissolution filed with the Florida Department of State on May 4, 2017; and

WHEREAS, the Company, and its Members and Managers, desire to permit the use of the name "Cambridge Capital Advisors SE, LLC" for use as the name of a Massachusetts entity filing its Application for Authority to Transact Business in Florida and for the purpose of submitting the attached filing instrument to the Florida Secretary of State.

NOW THEREFORE BE IT:

RESOLVED, that the dissolution of the Company is hereby ratified and approved; and it is

FURTHER RESOLVED, that the consent to the use name "Cambridge Capital Advisors SE, LLC" for use in the State of Florida is hereby ratified and approved.

[Signatures appear on the following page.]

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SUPREME COURT
TALLAHASSEE, FLORIDA

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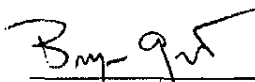
The undersigned certifies to being authorized by the holder of the existing name to give this consent and signs this document subject to penalties imposed by law for the submission of a materially false or fraudulent statement.

Effective this 10th day of May, 2017.

MEMBERS



Michael Scanio

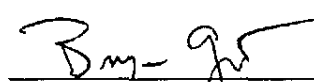


Bryan Gitlin

MANAGERS



Michael Scanio



Bryan Gitlin

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TALLAHASSEE, FLORIDA

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

1. CAMBRIDGE CAPITAL ADVISORS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CAMBRIDGE CAPITAL ADVISORS SE, 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 "LLC.")

2. Commonwealth of Massachusetts

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0526209

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 49 Lexington Street, Suite 5

(Street Address of Principal Office)

West Newton, Massachusetts 02465

6. 49 Lexington Street, Suite 5

(Mailing Address)

West Newton, Massachusetts 02465

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robbert Gaarlandt

Office Address: 2698 Danielle Drive

Oviedo

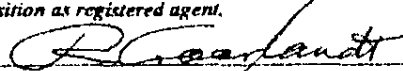
Florida 32765

(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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Michael Scanio

49 Lexington Street, Suite 5

West Newton, Massachusetts 02465

Manager

Bryan Gitlin

49 Lexington Street, Suite 5

West Newton, Massachusetts 02465

Vice President

Robbert Gaarlandt

2698 Danielle Drive

Oviedo, FL 32765

(Use attachments if necessary)

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 person

10. 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.

Michael Scanio, Manager

Typed or printed name of signer

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SECRETARY OF STATE
FLORIDA

H17000122754



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: April 24, 2017

To Whom It May Concern :

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

CAMBRIDGE CAPITAL ADVISORS, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
January 12, 2010.

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.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 17040397310

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

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