4/24/2018

Division of Corporations

Discond Lorp Lation Letro in Filter of Late o

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001289873)))



H180001289873ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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.

Fmail Address:	
emali Augress:	

Foreign Limited Liability Company Eastward Capital Partners, LLC

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

RECEIVED
2018 APR 24 PH 1: 46
THE STANFANT OF STANFANT

Electronic Filing Menu

Corporate Filing Menu

Help APR 25 1018

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

Eastward Capital Partne	rs, LLC	·			
(Name of Foreign	immed Fighthy Company; must include "Lin	nted Emblety Comp	uny," "E.L.,C.," ot "a.LC.")		
Company of the same absence of	the adolated he the bodiese of temestrate positiess in	Florida, The alternate to	ame must inchade "Familed Linb	Inty Compane," "\$21.1","	or "LLC;")
	the smaller to an implement of the source of	3. 20-1			
Delaware (Insulation unfor the taw of all	ich fixago limited liability company is originated)). <u></u>	(F) (esuals	n, ti appheable i	
	(Data first transacted business in Finals, if paid (See sections 605 096) & 605 1805, F.S. in det	erause penalty (abitle)			
5 432 Cherry St		6. same			
(Spen Address of F			(Mailing Addr	t :: }	16-27 16-27
West Newton, MA 02	165			3.0	(3)
				<u> </u>	
			••	50.00	70 P
 Name and street address 	s of Florida registered agent; (P.O. E	Box NOT accept	uble)		F
Name:	C T Corporation System		_	š:	=
	1200 South Pine Island Roud			\mathbb{Z}_{p_p}	75)
Office Address:			- 12294	74. Pr	سين المنتاذ
	Plantation (Cm)		Florida 33324	27:-	Œ
designated in this applica	tion, I hereby accept the appointme ions of all statutes relative to the pro is at mo maxition as registered agent.	nt as registered to oper and complete	Stephanie Boel	and Lam. Inn	
designated in this applicate commits with the provise	tion, I hereby accept the appointmentions of all statutes relative to the pro- is of my position as registered agent. CT Corporation System	nt as registered to per and complete	igent und agree to act te performance of my Stephanie Boet	and Lam. Inn	
designated in this applice to comply with the provis and accept the obligation	tion, I hereby accept the appointmentions of all statutes relative to the prosiden as registered agent. By: CT Corporation System (Regulated up	nt as registered to per and completed to the factor of the	stephanie Boel Assistant Secre	and Lam. Inn	
designated in this applica- to comply with the provis- and accept the obligation	tion, I hereby accept the appointmentions of all statutes relative to the pro- is of my position as registered agent. CT Corporation System	nt as registered to oper and completed to the factor of th	stephanie Boel Assistant Secre	and Lam. Inn	fumiliar w
designated in this applica- to comply with the provis- and accept the obligation 8. The name, title or cap	tion, I hereby accept the appointmentions of all statutes relative to the proise of my position as registered agent. By: CT Corporation System (Regulated up Being and address of the person(s) wh Name and Address: Deanis P. Cameron	nt as registered to oper and completed to the factor of th	Stephanie Boel Assistant Secre	duties, and I am	fumiliar w
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	tion, I hereby accept the appointmentions of all statutes relative to the prosision as registered agent. By: CT Corporation System (Regulated up and address of the person(s) who Name and Address;	on as registered to per and complete the Sifting factoring factori	Stephanie Boel Assistant Secre	duties, and I am	fumiliar w
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> Founding Partner	tion, I hereby accept the appointmentions of all statutes relative to the prosision as registered agent. By: CT Corporation System Regulated up Beity and address of the person(s) who Name and Address: Deanis P. Cameron 432 Cherry Street	on as registered to per and complete the Sifting factoring factori	Stephanie Boel Assistant Secre	duties, and I am	fumiliar w
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointmentions of all statutes relative to the prosision as registered agent. By: CT Corporation System (Regulated up Being and address of the person(s) when and Address: Deanis.P. Cameron 422 Cherry Specion West Newton, MA 0246: Michael F. Dale 432 Cherry Street	oper and complete the Soft of	Stephanie Boel Assistant Secre	duties, and I am	fumiliar w
designated in this applicate comply with the provisarid accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> Founding Partner CEO	ation, I hereby accept the appointmentions of all statutes relative to the prosision as registered agent. By: CT Corporation System (Regulard agent) Begin and address of the person(s) when the person agent and address of the person agent and address; Deanis.P. Cameron 422 Cherry Special West Newton, MA 0246; Michael F. Dale 332 Cherry Street West Newton, MA 0246.	oper and complete the Soft of	Stephanie Boel Assistant Secre	duties, and I am	fumiliar w
designated in this applicate comply with the provisarid accept the obligation 8. The name, title or capacity: Founding Partner CEO (Use attachments if nece	aciny and address of the person(s) who was and Address: Deanis P. Cameron 432 Cherry Speci West Newton, MA, 0246; West Newton, MA, 0246; West Newton, MA, 0246; West Newton, MA, 0246; Sary)	old duly authorit	Stephanie Boel Assistant Secre rity to manage is are: r Capacity:	Same and As	familiar w
designated in this applicate comply with the provisarid accept the obligation 8. The name, title or capacity: Founding Partner CEO (Use attachments if nece	tion, I hereby accept the appointmentions of all statutes relative to the prosition as registered agent. By: CT Corporation System Regulard appointment and address of the person(s) who Name and Address: Dennis P. Cameron 432 Cherry Street West Newton, MA 0246: Michael F. Dale 432 Cherry Street West Newton, MA 0246: ssary) to of existence, no more than 90 days of which it is organized. (If the certifications of the proportion of th	old duly authorit	Stephanie Boel Assistant Secre rity to manage is are: r Capacity:	Same and As	familiar w
designated in this applicate comply with the provisand accept the obligation. 8. The name, title or capacity: Founding Partner CEO (Use attachments if neces). Attached is a certificat jurisdiction under the lay of the translator must be	aciny and address of the person(s) who have and Address: Deanis P. Cameron 422 Cherry Speci West Newton, MA 0246; Michael F. Dale 432 Cherry Speci West Newton, MA 0246; ssary) e of existence, no more than 90 days of which it is organized. (If the certisabmitted)	old, duly authentificate is in a fore	Stephanie Boel Assistant Secre rity to manage is are: r Capacity:	Same and Assertion of the certificate that any false in	delress:
designated in this applicate comply with the provisand accept the obligation. 8. The name, title or capacity: Founding Partner CEO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the lay of the translator must be	acing and address of the person(s) of my position as registered agent. By: CT Corporation System Registered agent. CT Corporation System Registered agent. By: CT Corporation System Registered agent. Registered agent. Regi	old, duly authentificate is in a fore	Stephanie Boel Assistant Secre rity to manage is are: r Capacity: icated by the official heigh language, a translationy as provided for in	Name and Assertion of the certificate that any false is \$15.817.155, F:S.	delress:
designated in this applicate comply with the provisand accept the obligation. 8. The name, title or cap <u>Title or Capacity:</u> Founding Partner CEO (Use attachments if neces) 9. Attached is a certificat jurisdiction under the lay of the translator must be	acing and address of the person(s) of my position as registered agent. By: CT Corporation System Registered agent. CT Corporation System Registered agent. By: CT Corporation System Registered agent. Registered agent. Regi	old, duly authentificate is in a fore	Stephanie Boel Assistant Secre rity to manage is are: r Capacity:	Name and Assertion of the certificate that any false is \$15.817.155, F:S.	delress:
designated in this applicate comply with the provisand accept the obligation. 8. The name, title or cap <u>Title or Capacity:</u> Founding Partner CEO (Use attachments if neces) 9. Attached is a certificat jurisdiction under the lay of the translator must be	acing and address of the person(s) of my position as registered agent. By: CT Corporation System Registered agent. CT Corporation System Registered agent. By: CT Corporation System Registered agent. Registered agent. Regi	old, duly authentificate is in a fore	Stephanie Boel Assistant Secre rity to manage is are: r Capacity: icated by the official heigh language, a translationy as provided for in	Name and Assertion of the certificate that any false is \$15.817.155, F:S.	delress:

!:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "EASTWARD CAPITAL PARTNERS, 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2018.

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

. . .

Authentication: 202569889

Date: 04-24-18

3806188 8300 SR# 20182965759

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