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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	The FDA Group, LLC
oo bar	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certific e, and check are submitted to register the above referenced foreign limited liability company to transact business in F
Please i	eturn all correspondence concerning this matter to the following:
	Sarah Sawyer
	Name of Person
	The FDA Group, LLC
	Firm/Company
	290 Tumpike Road, Suite 200
	Address
	Westborough, MA 01581
	City/State and Zip Code
	ssawyer@thefdagroup.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Sarah Sawyer 978 729-4339
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassec, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	I is a check for the following amount: Status Status

Coupling Envelope ID: DE197604-03CE-4D29-BF23-BFA0F1498F3C

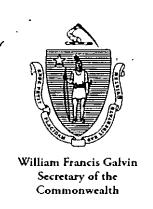
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(See sections 605.0904 & 605 290 Turnpike Road, Suite 200	in Florida, if prior to registration.)
10/01/2018 (Date first transacted business (See sections 605,0904 & 605) 290 Turnpike Road, Suite 200	in Florida, if prior to registration.)
(Date first transacted business (See sections 605,0904 & 605) 290 Turnpike Road, Suite 200)	in Florida, if prior to registration)
(See sections 605.0904 & 605 290 Turnpike Road, Suite 200	in Florida, if prior to registration)
	Vite, 1 & Godernan penalty advinty [
404 114 615 145 5	6. 290 Turnpike Road, Suite 200
(Street Address of Principal Office) Westhorough, MA 01581	(Mailing Address) Woodbowoodb, M.A. (1591
Westrolough, WA 01381	Westborough, MA 01581
Name and start and the second start and the	one (DA) Day MOT one and MA
Name and <u>street address</u> of Florida registered agr	ent: (r.O. Box NOT acceptable)
Name: Londyn Beck	
Office Address: 120 NW 4th Ave	
Boynton Beach	33.435
- Doynton Deach	Florida 33435 (City) (Zip code)
d accept the obligations of my position as registe	
	ered agent.
	(Registered agent's signature)
	(Registered agent's signature) erson(s) who has/have authority to manage is/are:
Title or Capacity: Name and Ad	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address:
Title or Capacity: Name and Ad CEO Nicholas Capin	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address:
Title or Capacity: Name and Ad	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd
Title or Capacity: Name and Ad CEO Nicholas Capm 290 Turnpike I	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd
Title or Capacity: Name and Ad CEO Nicholas Capm 290 Turnpike I	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd
Title or Capacity: Name and Ad CEO Nicholas Capm 290 Turnpike I	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd
Title or Capacity: CEO Nicholas Capm 290 Turnpike I Westborough. I	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd
Title or Capacity: CEO Nicholas Capm 290 Turnpike I Westborough. I	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd MA
Se attachments if necessary) Attached is a certificate of existence, no more tha	(Registered agent's signature) erson(s) who has/have authority to manage is/are: dress: Title or Capacity: Name and Address: an Rd

Typed or printed name of signee

Nicholas Capman

Signature of an authorized person



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House: Boston, Alassachusetts 02138

Date: December 10, 2018

To Whom It May Concern:

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

THE FDA GROUP, LLC

in accordance with the provisions of Massachusetts General Laws. Chapter 156C, on August 31, 2011.

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

William Travino Galicin

Certificate Number: 18120149950

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

Processed by: