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BKINSEY JUB

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 870055 AUTHORIZATION : COST LIMIT : ORDER DATE : August 2, 2019 ORDER TIME : 1:28 PM ORDER NO. : 870055-005 CUSTOMER NO: 7357171 FOREIGN FILINGS NAME: BROADSTONE GROUP, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

TO:		ration Section n of Corporations						
SUBJE		oadstone Group, LLC						
	Name of Limited Liability Company							
					ation to Transact Business in Florida ited liability company to transact bus			
Please	return all	correspondence concerning the	his matter to the follo	owing:				
		Keith D. Lowey						
			Name	of Person		_		
		Broadstone Group, LLC						
	Firm/Company 124 Washington Street, Suite 101 Address					-		
						-		
	Foxboro, MA 02035							
		City/State and Zip Code						
		tbailey@vlpc.com						
	-	E-mail add	ress: (to be used for	future annua	report notification)	-		
For furtl	her inform	nation concerning this matter,	please call:			201		
	Tom Ba	ailey	at	508	543-1720	2019 AUG	u +- g-4 (4 1	
		Name of Contact Per		Area Code	Daytime Telephone Number	3 28	. 1 	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 sec, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	AH II: 36	• 4.5 27 • 125 227	
	Please n	2		S 155.00	TE Filing Fee & \$160.00 Filing ed Copy of Status & Cer			

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 BUSINESS IN THE STATE OF FLORIDA:

	LLC name adopted for the purpose of transacting business in Flo	·			
name unavariable, enter alternate	name adopted for the purpose of transacting business in FR	orida. The alternate r	name must include "Limited Liability C	ompany," "L L.C.	," or "LLC.";
Delaware		46-2	2724562		
(Jurisdiction under the law of which foreign limited liability company is organized		3i) (FEI number, if appl			
N/A					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) line penalty liability))	-	
124 Washington Str		124	Washington Street		
(Street Address of	Principal Office)	6	(Mailing Address)		
Suite 101		Suite	101		
Foxboro, MA 02035		Foxb	ooro, MA 02035		201
Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	able)	, . 	2019 AUG 28
Name:	Corporation Service Company		-	<u>.</u> .	AH 11: 31
Office Address:	1201 Hays Street		-	f	: 36
	Tailahassee		32301 . Florida		
	Tailahassee (City)		32301 _ , Florida	_	

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.

Corporation Si	ervice Company	Lydia Cohen
By:		Asst. Vice President
	(Registered agent's signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: __Mark Briggs Keith D. Lowey Manager Name: Manager Address: _ 124 Washington Street Address: 124 Washington St Member Foxboro, MA 02035 Foxboro, MA 02035 Authorized Authorized Person Person Other Other Other Other Michael Loynd Doug Arnot Manager 124 Washington St Address: __ 124 Washington St ■Member Member Foxboro, MA 02035 Foxboro, MA 02035 ___Authorized Authorized Person Person Other____ Other Other Thomas Bailey Manager Manager Address: ____ Member Member | Address: Foxboro, MA 02035 Authorized Authorized Person Person Other____ Other Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 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. Thomas Bailey

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BROADSTONE GROUP, 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 SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADSTONE GROUP, LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2013.

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



Authentication: 203340587

Date: 08-02-19