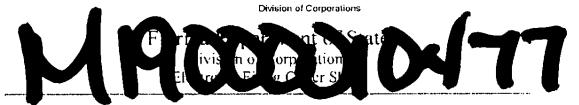
10/30/2019



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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.

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Foreign Limited Liability Company Luna Golf LLC

| Certificate of Status | U |
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OCT 3 1 2019

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: Luna Golf LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if name unavailable, enter skemate name adopted for the purpose of transacting business in Florids. The afternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) (Dute first transacted business in Florida, If prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine preasty liability) 867 Middle Road 867 Middle Street (Mailing Address) (Street Address of Principal Office) Acushnet, MA 02743 Acushnet, MA 02743 36 E.S. 00 E.S. 31 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:

Registered agent's acceptance:

Plantation

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.

. Florida _

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]:

of the translator must be submitted)

Name and Address: Title or Capacity: Name and Address: Title or Capacity: Nome: Mark White Name: ___ ■ Manager Manager 867 Middle Road Address: _____ Member **■**Member Acushnet, MA 02743 ■ Authorized Authorized Person Person ___Other_____ Other_____ Other___ Other____ Name: _____ Manager Manager ☐ Member Address: ____ Address: Authorized Authorized Person Person _____Other______ Other_ Other__ Other_ Manager Name: _ Manager Member Member \bigcirc Authorized Authorized Person Person 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

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

Typed or primed same of signer

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark White, Manager



Secretary of the Commonwealth

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

October 29, 2019

TO WHOM IT MAY CONCERN:

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

LUNA GOLF LLC

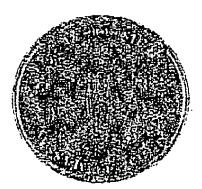
in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 29, 2019.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: MARK WHITE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MARK WHITE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MARK WHITE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

ein Francis Islein