4/9/2021



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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 : (850)521-0821 : (850)558-1515 Fax Number

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Foreign Limited Liability Company WALTHAM RIVER'S EDGE LLC

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3/005

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

IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Waltham River's Edge LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, error alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limitity Company," "L.C.C." or "L.C.") Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 224 Calvary St (Street Address of Priocipal Office) Waltham MA 02453 Waltham MA 02453 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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. Corporation Service

By: Joseph House (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: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--------------------------|--------------------|-------------------------|
| ≣Manager | Name: | Manager | Name: |
| □Meinber | Address: 9493 Italia Way | □Member | Address: 224 Calvary St |
| □Authorized | Naples FL 34113 | □Authorized | Waltham MA 02453 |
| Person | | Person | |
| □Other | Other | □ Other | □Other |
| □Manager | Name: | □Manager | Name: |
| ☐ Member | Address: | □Member | Address: |
| □Authorized | | □ Authorized | |
| Person | | Person | ·. |
| Other | Other | Other | Ei-Other |
| | | | |
| □Manager | Name: | □Manager | Name: |
| UMember | Address: | □Member | Address: |
| □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. Non-indexed 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.

Signature of an authorized person

OGVID H MARCO JR.



The Commonwealth of Massachusetts Secretary of the Commonwealth State Nouse, Boston, Massachusetts 02188

April 8, 2021

TO WHOM IT MAY CONCERN:

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

WALTHAM RIVER'S EDGE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 6, 2009.

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: DAVID H MARCOU JR, DEREK R MARCOU

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: DAVID H MARCOU JR, DEREK R

MARCOU, DAVID H MARCOU

The names of all persons authorized to act with respect to real property listed in the most recent filing are: DAVID H MARCOU JR, DEREK R MARCOU

In restimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Elleun Tranin Gallein