ang and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

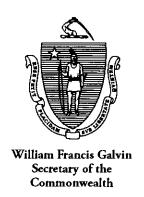
APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	. The name of the corporation is Collegiate Entrepreneurs Inc.											
2.	It is incorporated under the laws of Massachusetts											
3.	The	The name, if different, which it elects to use in Rhode Island is:										
	(a)	"incorpoi	ame of the corporation in rated", or "limited" or an abl orporate endings for use in R	reviation thereof, then list the n	n of incorporation does not contain the word "corporation", "company", preof, then list the name of the corporation with the addition of one of the							
	(b)		ind transact business in Rhi		elow the fictitious name under which titious Business Name Statement"							
4.	The	date of it	s incorporation is December	27th 1999 81 1/3 200 and the	e period of its duration is	Perpeton						
5.	The	address	of its principal office is 220 F	orbes Road Suite 108 Braintre	e, MA 02184	20, TE						
6.	200 ± 0.0											
			Warwic K	and the na	(Street Address, not P.O. Box) ame of its proposed registered agent	t in Rhode Island at						
	that	address i	s	In Corp Service (Name of Agent)	S. Inc.							
7.	The	purpose (or purposes which it propose	to pursue in the transaction of b	ousiness in Rhode Island are:	— 200 € ∞ 300 €						
		nting Ser		·		TONS S						
8.	(a)	The nan	nes and respective addresseich it is incorporated).	s of its directors (optional unles	s directors are required under the	N ZA						
			<u>Name</u>		<u>Address</u>							
	Dire	ctor	Eric C. Crews	6 Joy F	Place Cohasset, MA 02025							
	Dire	· ·										
	Dire	ctor		FILED	· · · · · · · · · · · · · · · · · · ·							
	Dire	•		MAR 0 5 2014								

	, , ,			<u>Name</u>	<u>Address</u>			
	President Vice President Treasurer Secretary		Eric C. Crews Eric C. Crews Eric C. Crews		6 Joy Place Cohasset, MA 02025			
9.	and		within a class, is:	h it has authority to is	ssue; itemized by classe <u>Series</u>	es, par value of shares, shares without par value. Par Value or Statement that Shares are without Par Value 0		
10.	(a)	following year	, wherever located.	= An estimate	e of the value of all pro	operty to be owned by the corporation for the		
	(b)	\$_500 Island during t	he following year.	= An estimate	of the value of the co	rporation's property to be located within Rhode		
	(c)	10 the corporation	% = An estimat	in this state during the	he following year bears	ortion that the estimated value of the property of to the value of all property of the corporation to ultiply by 100 to obtain the percentage?		
11.	(a)	\$ 2.5 Million during the follo	wing year.	= An estimate	of the gross amount of	of business to be transacted by the corporation		
	(b) \$\frac{80,000}{\text{or from places of business in Rho}}			= An estimate of the gross amount of business to be transacted by the corporation at ode Island during the following year.				
	(c)	transacted by thereof which the percentage	the corporation at owill be transacted b	or from places of bus	siness in this state durin	portion that the gross amount of business to being the following year bears to the gross amount a fdivide (b) by (a) and multiply by 100 to obtain		
12.		s application is s of which it is ir		certificate of Good	Standing issued by the	proper officer of the state or country under the		
13.	This	Application for	Certificate of Author	ority shall be effective	upon filing unless a sp	ecified date is provided which shall be no later		
	thar	the 90th day a	fter the date of this	filing	Upon Fili	ng		
Dat	e :	02-0	3-14		Application for Certificatachments, and that correct.	y, I declare and affirm that I have examined this ate of Authority, including any accompanying all statements contained herein are true and Authorized Officer of the Corporation		

Type or Print Name of Authorized Officer



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

Date: February 26, 2014

To Whom It May Concern:

I hereby certify that according to the records of this office,

COLLEGIATE ENTREPRENEURS, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Villian Travino Galicin

Secretary of the Commonwealth

Certificate Number: 14026387540

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

Processed by: nmc



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

