Filing 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

2014 SEP 12 AM 10:03
SECRETARY OF STATE
CORPORATIONS DIV

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 **Southport Engineering Associates, PC**

2. It is incorporated under the laws of **State of Connecticut**

3. The name, if different, which it elects to use in Rhode Island is:

   (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

   (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is March 13, 1996 and the period of its duration is ~~18 years~~ perpetual

5. The address of its principal office is **11 Bailey Avenue, Ridgefield, CT 06877**

6. The address of its proposed registered office in Rhode Island is 85 Shaw Road
   (Street Address, **not** P.O. Box)
   Little Compton, RI 02837 and the name of its proposed registered agent in Rhode Island at
   (City/Town) (Zip Code)
   that address is Joanne Green Mackenzie
   (Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
   Provide mechanical, electrical, plumbing and fire protection professional engineering design services

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	Name	*Address*
Director	**N/A**	
Director		
Director		
Director		

FILED
SEP 12 2014
By 232163
A.A. 10:03 A.M.

Form No. 150
Revised: 06/11

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	Name	*Address*
President	**Kenneth A Mackenzie**	**14 Mulberry Street, Ridgefield, CT 06877**
Vice President	**Michael F Fabrizi**	**87 Quaker Lane, Fairfield, CT 06824**
Treasurer		
Secretary	**J Walter Williams**	**43 South Ridge Court, Ridgefield, CT 06877**

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
5000	Common Stock		$0.00

10. (a) $ **10,000** = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

    (b) $ **0** = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

    (c) **0** % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*

11. (a) $ **4,000,000** = An estimate of the gross amount of business to be transacted by the corporation during the following year.

    (b) $ **265,000** = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.

    (c) **0.6625** % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: Sept 11th, 2014

Signature of Authorized Officer of the Corporation

Kenneth A Mackenzie, President

Type or Print Name of Authorized Officer

State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920

Division of Design Professionals

September 02, 2014

Southport Engineering Associates, PC
11 Bailey Avenue
Ridgefield, CT 06877

Dear Sir/Madam:

Your request for issuance of a Certificate of Authorization has been reviewed and **pre-approved,** in the **Mechanical** discipline(s) only, by the Board of Registration for Professional Engineers.

You can amend your Certificate of Authorization at a later date if you wish to include other disciplines. In accordance with the procedures adopted by this Board, **you are requested to provide the following information:**

The document required by the Board is a **CERTIFICATE OF GOOD STANDING,** not Certificate of Authority, issued by the **Rhode Island Secretary of State's Office,** indicating that at the present time your corporate entity is in good standing insofar as registration procedures required by the Secretary of State's Office by calling (401) 222-3040. Ask for corporations and explain that you need the necessary papers to become registered in the State of Rhode Island.

Please be advised that until receipt of this CERTIFICATE OF GOOD STANDING your application is considered incomplete and you are not authorized to practice engineering in the State of Rhode Island.

As a cautionary reminder, please be advised that until such time that your company holds a certificate of authorization, your firm may not practice or offer to practice engineering within the State of Rhode Island. The offer to practice engineering includes specifically bidding upon projects or responding to requests for proposals for engineering work to be performed within the State of Rhode Island.

RECEIVED
2014 SEP 12 AM 10:03
SECRETARY OF STATE
CORPORATIONS DIV

Very truly yours,

Board of Registration for Professional Engineers

Kazem Farhoumand, PE
Secretary

KF/lm

Policy Number: Sunstone Hotel Investors, Inc. Date Entered: 6/26/2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Maloney & Company, LLC 1110 Boston Post Road Guilford, CT 06437	CONTACT NAME: PHONE (A/C, No, Ext): (203) 458-4000 FAX (A/C, No): (203) 458-4001 E-MAIL ADDRESS: mail@maloneyllc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: RLI Insurance Company	
INSURED Southport Engineering Associates, PC 11 Bailey Avenue Ridgefield, CT 06877-4505	INSURER B: Hartford Accident and Indemnity Co.	
	INSURER C: CNA/Continental Casualty Co.	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC			PSB0003337	5/1/2014	5/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS			PSB0003337	5/1/2014	5/1/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 10,000			PSE0003141	5/1/2014	5/1/2015	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		31 WEC LF 0845 04	5/1/2014	5/1/2015	☒ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
C	PROFESSIONAL LIABILITY			AEH 288 351 247	5/15/2014	5/1/2015	LIMIT:	$3,000,000/ $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

[redacted] and Marriott International, Inc are [redacted] additional insureds [redacted] General Liability and Auto Liability only, [redacted] terms and conditions.

CERTIFICATE HOLDER

[redacted]

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

SOUTHPORT ENGINEERING ASSOCIATES, P.C.

a domestic STOCK corporation, was filed in this office on March 13, 1996, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: August 14, 2014

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SECRETARY OF STATE
CORPORATIONS DIV
2014 SEP 12 AM 10:03

Business ID: 0532371 Express Certificate Number: 2014229741001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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:

September 12, 2014 10:03 AM

A. RALPH MOLLIS

Secretary of State

110989-1-974978