Filing Fee: \$150.00



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

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:					
	GOOD HARBOR TECHMARK LLC					
	This company has been duly organized in its state of formation	as a low-profit limited liability com	npany. (Check box if applicable)			
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:					
3.	The limited liability company is organized under the laws	of DELAWARE				
4.	The date of its organization is FEBRUARY 23, 2012					
5.	. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL					
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	ONE RICHMOND SQUARE, STE 125B	PROVIDENCE	, RI _02906			
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)			
	and the name of the resident agent at such address is	NORTHWEST REGISTERED (Name	AGENT, LLC. of Agent)			
7.	The secretary of state is appointed the agent of the for time there is no resident agent or if the resident agent ca diligence.					
8.	The address of any office required to be maintained in limited liability company is organized is:	n the state or other jurisdi	ction under the laws of which	h the		
	1521 CONCORD PIKE, #303, WILMINGTON, DE 19803					
9.	The mailing address for the limited liability company is: 17 ACCORD PARK DRIVE, SUITE 201, NORWELL, MA 0206	1	FILED PM			
		* 100*	DEC 0 8 2014			
		Qu	238119			
For	m No. 450	Oy_	KW			

Form No. 450 Revised: 07/12

10.		Management of the Limited Liability	Company (check <u>one</u> only):		
,	Α.	The limited liability company is to be No. 11 – DO <u>NOT</u> LIST ANY NAME	e managed very by its members. (If you have checked this box, go to item ES IN SECTION B.)		
	<u>or</u>				
1	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liabili company has managers at the time of the filing of these Articles of Organization, state the name an address of each manager.)				
		<u>Manager</u>	<u>Address</u>		
-					
-					
-					
-					
			ertificate of good standing duly authenticated by the secretary of state or other er which the foreign limited liability company was organized.		
12.	The	e date this Application for Registration	n is to become effective, if later than the date of filing, is:		
-	(not prior to, nor more than 30 days after, the filing of this Application for Registration)				
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.		
Date	[DECEMBER 3, 2014	GOOD HARBOR TECHMARK LLC		
			By Signature of Authorized Person		

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "GOOD HARBOR TECHMARK 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 THIRD DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOOD HARBOR TECHMARK LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2012.

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jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1917819

DATE: 12-03-14

You may verify this certificate online at corp.delaware.gov/authver.shtml