RI SOS Filing Number: 201735015770 Date: 2/28/2017 1:55:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Service  | es Division                            |                    | 201) FEB 2  | BUSS       |
|--|--|--------------------|-------------|------------|
| Application for Registration   |  |                    | 7           | VCS        |
| FOREIGN Limited Liability Company  |  |                    | 국           | S          |
| → Filing Fee: \$150.00   |  |                    | <u>ب</u>    | 35         |
| Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersign applies for a Certificate of Registration to transact busines purpose submits the following statement: |  |                    | : 42        | ``<br>     |
| The name of the limited liability company is:  |  |                    |             |            |
| Future Technologies Group, LLC   |  |                    |             |            |
| Is this company organized in its state or country of for   | mation as a low-profit limited liabili | ty company? Ye     | s No        | X          |
| The name, if different, under which it proposes to registe   | r and transact business in Rhode is    | sland is:          |             |            |
|  |  |                    |             |            |
| 2. The LLC is organized under the laws of:  Massachus  | setts                                  |                    |             |            |
| 3. The date of its organization is: February 23 2017   |  |                    | 9           | 0          |
| And the period of its duration is: CHECK ONLY ONE BO   | X                                      |                    | <u> </u>    | -          |
| ⊠ Perpetual (on-going)   |  |                    |             | 語          |
| Date certain for dissolution   |  |                    | \$\d        | 1 <u>6</u> |
| 4. The name and address of the resident agent/office in I  | Rhode Island is:                       | -                  | <b>o</b> 0  | Į,         |
| Agent Name   |  | _                  | - 2         | 70         |
| Corporate Creations Network Inc.   |  |                    |             | <u> </u>   |
| Street Address (NOT a P.O. Box)  |  | C.                 | ת           |            |
| 10 Dorrance Street, Suite 700  |  |                    |             |            |
| City/Town  | State RHODE ISLAND                     | Zip Code           |             |            |
| Providence   |  | 02903              |             |            |
| <ol><li>The Department of State is appointed the agent of the<br/>time there is no resident agent or if the resident agent ca<br/>diligence.</li></ol>                   | innot be found or served following     | the exercise of re | easonable   |            |
| 6. The address of any office required to be maintained in liability company is organized is:   | the state or other jurisdiction unde   | or the laws of whi | ich the ilm | ited       |

MAIL TO:

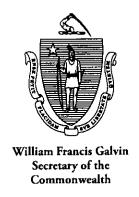
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

2 Batterymarch Park, Suite 401, Quincy, MA 02169

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By \$ 297026

| 7. The mailing address for the limited liability company is:   |                    |               |  |  |  |
|--|--------------------|---------------|--|--|--|
| 2 Batterymarch Park, Suite 401, Quincy, MA 02169   |                    |               |  |  |  |
| 8. Management of the Limited Liability Company:  |                    |               |  |  |  |
| The limited liability company is managed:  |                    |               |  |  |  |
| 🗵 By its members (if you have checked this box, go to Section 9. (DO NOT fill out the chart below.)  |                    |               |  |  |  |
| By one (1) or more managers (List managers below)  |                    |               |  |  |  |
| MANAGER  | ADDRESS            |               |  |  |  |
|  |                    |               |  |  |  |
|  |                    |               |  |  |  |
|  |                    |               |  |  |  |
|  |                    |               |  |  |  |
| 9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document. |                    |               |  |  |  |
| 10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX   |                    |               |  |  |  |
| ▼ Date received (Upon filing)  |                    |               |  |  |  |
| Later effective date (Date must be no more than 30 days from the day of filing)  |                    |               |  |  |  |
| 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.   |                    |               |  |  |  |
| Type or Print Name of LLC  |                    | Date          |  |  |  |
| Future Technologies Group, LLC   |                    | Feb. 22,2 017 |  |  |  |
| Signature of Authorized Person   | SIGN DOCUMENT HERE |               |  |  |  |
| Sean Doherty   |                    |               |  |  |  |



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

Date: February 24, 2017

To Whom It May Concern:

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

## FUTURE TECHNOLOGIES GROUP, LLC.

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on February 23, 2017.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranin Gallein

Certificate Number: 17020439680

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

Processed by:

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I, NELLIE M. GORBEA, 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:

February 28, 2017 01:55 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

