



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Federal Employer Identification Number: 454558033 (must be 9 digits)

1. The exact name of the limited liability company is: PLEASHARE LLC

2a. Location of its principal office:

No. and Street: 800 BOYLSTON STREET, 16TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 800 BOYLSTON STREET, 16TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE BUSINESS IS BASED ONLINE AND OFFERS A NETWORK PLATFORM FOR PEOPLE.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: DUN MENG
 No. and Street: 394 OCEAN AVE, APT 1113
 City or Town: REVERE State: MA Zip: 02151 Country: USA

I, DUN MENG resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	DUN MENG	800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199 USA
MANAGER	YINGLIN YANG	800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
-------	--	---

SOC SIGNATORY	DUN MENG	800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199 USA
SOC SIGNATORY	YINGLIN YANG	800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	DUN MENG	800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199 USA
REAL PROPERTY	YINGLIN YANG	800 BOYLSTON STREET, 16TH FLOOR BOSTON, MA 02199 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 16 Day of February, 2012,
YINGLIN YANG

(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 16, 2012 07:31 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report
 (General Laws, Chapter)

Federal Employer Identification Number: 453162884 (must be 9 digits)

Annual Report Filing Year: 2013

1.a. Exact name of the limited liability company: UPGRADE JOURNEY LLC

1.b. The exact name of the limited liability company as amended, is: UPGRADE JOURNEY LLC

2a. Location of its principal office:

No. and Street: 100 TRADECENTER, SUITE G-700
#739
 City or Town: WOBURN State: MA Zip: 01801-1851 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 143 SHAWMUT STREET
APT2
 City or Town: CHELSEA State: MA Zip: 02150 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

ONLINE RETAIL OF TOURIST PACKAGES

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: YINAN WANG
 No. and Street: 81 BELLINGHAM STREET
APT2
 City or Town: CHELSEA State: MA Zip: 02150 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	YINAN WANG	143 SHAWMUT STREET CHELSEA, MA 02150 USA
MANAGER	YINGLIN YANG	812 MEMORIAL DRIVE, #1705 CAMBRIDGE, MA 02139 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no

managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY		

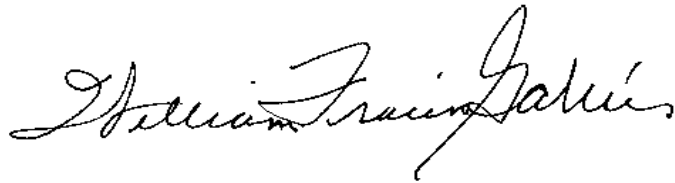
9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 19 Day of March, 2013,
YINAN WANG , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

March 19, 2013 10:47 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Amendment

(General Laws, Chapter)

Federal Employer Identification Number: 453162884 (must be 9 digits)

The date of filing of the original certificate of organization: 9/12/2011

1.a. Exact name of the limited liability company: UPGRADE JOURNEY LLC

1.b. The exact name of the limited liability company as amended, is: UPGRADE JOURNEY LLC

2a. Location of its principal office:
 No. and Street: 350 THIRD ST #1805
 City or Town: CAMBRIDGE State: MA Zip: 02142 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:
 Name: YINAN WANG
 No. and Street: 81 BELLINGHAM STREET
APT2
 City or Town: CHELSEA State: MA Zip: 02150 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	YINAN WANG	10914 SLIVERADO TRACE DR HOUSTON, MA 77095 USA
MANAGER	YINGLING YANG	350 THIRD ST #1805 CAMBRIDGE, MA 02142 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record

any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY		

9. Additional matters:

10. State the amendments to the certificate:

AMENDING ADDRESS OF PRINCIPAL OFFICE AND ADDRESS OF MEMBERS

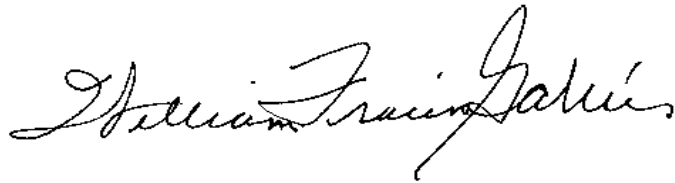
11. The amendment certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 28 Day of June, 2013,
YINAN WANG , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

June 28, 2013 12:11 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report
 (General Laws, Chapter)

Identification Number: 454558033

Annual Report Filing Year: 2015

1.a. Exact name of the limited liability company: PLEASHARE LLC

1.b. The exact name of the limited liability company as amended, is: PLEASHARE LLC

2a. Location of its principal office:
 No. and Street: 1 BROADWAY 14FL
 City or Town: CAMBRIDGE State: MA Zip: 02142 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:
 No. and Street: 1 BROADWAY 14FL
 City or Town: CAMBRIDGE State: MA Zip: 02142 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
THE BUSINESS IS BASED ONLINE AND OFFERS A NETWORK PLATFORM FOR PEOPLE.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:
 Name: DUN MENG
 No. and Street: 394 OCEAN AVE, APT 1113
 City or Town: REVERE State: MA Zip: 02151 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	DUN MENG	1 BROADWAY 14FL CAMBRIDGE, MA 02142 USA
MANAGER	YINGLIN YANG	1 BROADWAY 14FL CAMBRIDGE, MA 02142 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name	Address (no PO Box)
-------	-----------------	---------------------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
SOC SIGNATORY	DUN MENG	1 BROADWAY 14FL CAMBRIDGE, MA 02142 USA
SOC SIGNATORY	YINGLIN YANG	1 BROADWAY 14FL CAMBRIDGE, MA 02142 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
REAL PROPERTY	DUN MENG	1 BROADWAY 14FL CAMBRIDGE, MA 02142 USA
REAL PROPERTY	YINGLIN YANG	1 BROADWAY 14FL CAMBRIDGE, MA 02142 USA

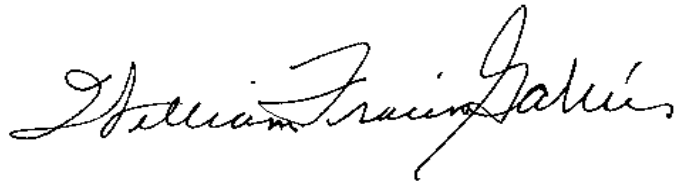
9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 24 Day of April, 2015,
DUN MENG , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

April 24, 2015 02:23 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth