Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ACCUMERA LLC

Account Number : 120090000079

Phone Fax Number : (518)937-9117 : (518)937-9128

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

60 acc Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION VERTERIM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Meny SULKER

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COVER LETTER

TO: Registration Secti Division of Corpo				
VERTERIN	•			
SUBJECT:	Nama afaamam	tion - must include suffix		
	Name of corpora	tion - must metade surp		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign	or "Certificate of Good"	Standing" and check are	nsact Business in Florida," submitted to register the	
Please return all correspon Heather LaBelle	ndence concerning this ma	atter to the following:		
	Name	of Person		
Accumera LLC				
**************************************	Firm/	Company		
911 Central Ave., #101	. 1471			
	A	ddress		
Albany, NY 12206				
	City/Sta	te and Zip code	· · · · · · · · · · · · · · · · · · ·	
info@accumera.com				
	E-mail address: (to be us	ed for future annual repo	ort notification)	
For further information co	ncerning this matter, plea	se call:		
Heather LaBelle	518 at (_			
Name of Person	Area (Code Daytime Te	lephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Division of P.O. Box 6	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the	e following amount:			
■ \$70.00 Filing Fec	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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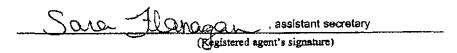
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavails	ible în Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Massachusetts	3.	46-3049939	
(State or countr 6/25/2013	y under the law of which it is incorporated) 5.	(FEI number, if app	licable)
(Date of incorporation) 6/1/2017		(Date of duration, if other t	han perperual)
9 Queen Anne Ro	oad, Hopkinton, MA 01748 (Princi	pal office address)	ALLA
	(Princi (Current maili	ng address, if different)	IN JUN 18
	(Princi (Current maili et address of Florida registered agent: (P.	ng address, if different)	TALLAHASSEE, FL
	(Princi (Current maili	ng address, if different)	AN P
Name and stree	(Princi (Current maili et address of Florida registered agent: (P.	ng address, if different)	E PL
Name and stree	(Princi (Current maili et address of Florida registered agent: (P. Incorporating Services, Ltd.	ng address, if different)	AN P

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business address	ion or on toors under or dire	cuts.	
A. DIRECTORS Peter A. Ridgley			
Chairman: 9 Queen Anne Road Hor	okinton, MA 01748	<u> </u>	<u> </u>
Address:			
Vice Chairman:		nort.	
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS	**************************************		AS 7
President: Peter A. Ridgley			HAS
Address: 9 Queen Anne Road, Hop	kinton MA 01748		THE STATE OF THE S
Vice President:		***	S A S
Address:			.5 •
Peter A. Ridgley Secretary:			
9 Queen Anne Road, Hop	kinton, MA 01748		
Peter A. Ridgley Treasurer:			
9 Queen Anne Road, Hopl	kinton, MA 01748		
NOTE: If necessary, you may a	tach an addendum to the	application listing additional	officers and/or directors.
The officer or director signing this are true and that he or she is awar a third degree felony as provided Peter A. Ridgley, President	is document (and who is re that false information:	Director or Officer listed in number 11 above) aff submitted in a document to the	firms that the facts stated herein Department of State constitutes

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

Date: June 16, 2017

To Whom It May Concern:

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

ranino Gallein

Secretary of the Commonwealth

Certificate Number: 17060330410

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

Processed by:

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