

Falson/919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

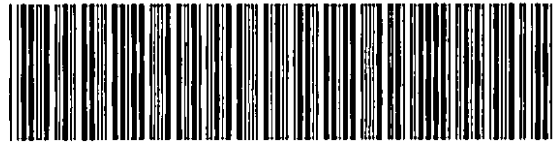
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/18/21--01028--009 **78.75

FILED
21 MAR 18 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 08 2021



SERVICE EXTRAORDINAIRE

P.O. Box 390 ♦ CLIFTON PARK, NY 12065 ♦ PHONE-518-935-7675 ♦ FAX-518-233-0581

March 17, 2021

VIA OVERNIGHT DELIVERY

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Application by Foreign Corporation for Authorization to
Transact Business in Florida for **Novantas, Inc.**
My File No.: 08-2037

Dear Sir/Madam:

Enclosed for filing with your office please find the Application by Foreign Corporation for Authorization to Transact Business in Florida for Novantas, Inc., a foreign Florida corporation. Also, enclosed is a Certificate of Good Standing from the Delaware Secretary of State, the original state of jurisdiction for this corporation, which was formed on April 19, 2002.

Further, I am also enclosing a check in the amount of \$78.75 for the filing fee for said Foreign Corporation Application and a certified copy thereof.

Please send me the original filing receipt and certified copy of the Registration to Transact Business in Florida as soon as possible in the self-addressed, pre-paid Federal Express envelope which is enclosed for your convenience.

Thank you for your courtesies and cooperation in this matter. Should you have any questions, please do not hesitate to contact me at (518) 935-7675.

Very truly yours,

Kristen Galarneau

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Novantas, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristen Galameau
Name of Person
Service Extraordinaire LLC
Firm/Company
P.O. Box 390
Address
Clifton Park, NY 12065
City/State and Zip code
mypadoto@novantas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Galameau at (518) 935-7675
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1. Novantas, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 37-1715000
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 19, 2002 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 31, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 485 Lexington Avenue, 20th Floor, New York, NY 10017
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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FILED

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.

Amy Mollinger, M.A. Asst. V.P.
(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: David Kaytes
 Vice Chairman Address: 485 Lexington Ave.
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Richard Spitzer
 Vice Chairman Address: 485 Lexington Ave.
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Wayne Cutler
 Vice Chairman Address: 485 Lexington Ave.
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Darryl Demos
 Vice Chairman Address: 485 Lexington Ave.
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Sherief Meleis
 Vice Chairman Address: 485 Lexington Ave.
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Kevin Travis
 Vice Chairman Address: 485 Lexington Ave.
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David Kaytes, President
 (Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NOVANTAS, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2021.



3516361 8300

SR# 20210614191

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202586502

Date: 02-24-21