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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tactician Corporation

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:

Arthur R. Kerr II, Esq.

Name of Person

Vacovec, Mayotte & Singer, LLP

Firm/Company

255 Washington Street, Suite 340

Address

Newton, MA 02458

City/State and Zip code

Kcondon@vacovec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Condon

Name of Person

at (617) 964-0500

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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. **Tactician Corporation**

(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. **Massachusetts**

(State or country under the law of which it is incorporated)

3. **04-3029989**

(FEI number, if applicable)

4. **December 6, 1988**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6.

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

7. **305 North Main Street, Andover, MA 01810**

(Principal office address)

Same

(Current mailing address)

8. **Internet/Marketing Software**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **NRAI Services, Inc.**

Office Address: **1200 So. Pine Island Road**

Plantation

(City)

, Florida **33324**

(Zip code)

10. 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.

Char McAdow

(Registered agent's signature) Char McAdow - Asst. Secretary

11. 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: R. Robert Reading

Address: 3268 Derby Avenue

The Villages, FL 32163

Director: Anthony Buxton

Address: 305 North Main Street

North Andover, MA 01845

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. R. ROBERT READING, PRESIDENT

(Typed or printed name and capacity of person signing application)

**LIST OF DIRECTORS/OFFICERS FOR TACTITION
CORPORATION**

President: R. Robert Reading
3268 Derby Avenue
The Villages, FL 32163

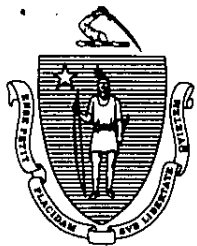
Treasurer: Anthony Buxton
305 North Main Street
Andover, MA 01810

Secretary: John G. Ganick
255 Washington Street
Suite 340
Newton, MA 02458

Clerk: John G. Ganick
255 Washington Street
Suite 340
Newton, MA 02458

CEO: Anthony Buxton
305 North Main Street
Andover, MA 01810

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TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

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

July 10, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that

TACTICS INTERNATIONAL LIMITED

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **December 6, 1988**.

I also certify that by Articles of Amendment filed here **May 23, 1994**, the name of said corporation was changed to

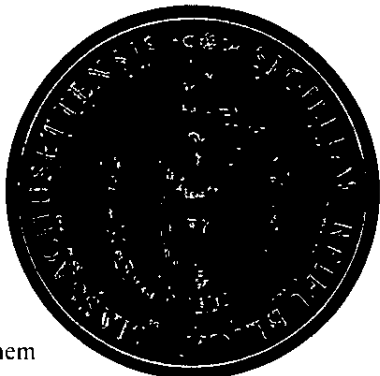
TACTICIAN CORPORATION

I also certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



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