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COVER LETTER

| TO: | Registration Section | | | | | | |
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| | Division of Corporations STRATEGY ANALYTICS, INC. | | | | | | |
| CHRI | | • | | | | | |
| эорэ | ECT. | Name of co | poration - | must include suffix | <u> </u> | | |
| Dear S | Sir or Madam: | | • | | | | |
| "Certi | ficate of Existence," | | ood Stand | uthorization to Transacing" and check are subrin Florida. | | | |
| | return all correspor YEY COHEN, PRESIE | ndence concerning the DENT | is matter to | o the following: | | | |
| STRA | TEGY ANALYTICS, | | Name of Pe | erson | | | |
| 199 W | ELLS AVENUE, STE | | irm/Compa | any | | | |
| | TON, MA 02459 | | Addres | S | | | |
| | RON@STRATEGYA | Cit | y/State and | Zip code | | | |
| | • | E-mail address: (to | be used for | r future annual report n | otification) | | |
| For fu | rther information co | ncerning this matter | , please ca | ll: | | | |
| DANI | EL PERRON | • | 81 | 608-3481 | | | |
| | Name of Person | | Area Code | , —— | one Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclo | sed is a check for the | e following amount: | | | | | |
| □ \$7 | 0.00 Filing Fee [| ■ \$78.75 Filing Fee Certificate of Sta | | \$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. STRATEGY ANALYTICS, INC. 1. (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) 04-3330187 (FEI number, if applicable) (State or country under the law of which it is incorporated) 09/05/1996 (Date of duration, if other than perpetual) (Date of incorporation) 09/01/2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 199 WELLS AVENUE, STE 108, MA 02459 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DAVID KERR Name: 4975 BONITA BEACH ROAD, UNIT 106 Office Address: BONITA, SPRINGS (City) (Zip code) 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. Nan | nes and business addresses of officers and/or directors: | |
|---------------------|--|----------------|
| A. DIR | ECTORS | |
| Chairman | HARVEY COHEN | |
| Chairman | 199 WELLS AVENUE, NEWTON, MA 02459, USA | |
| Address: | | |
| | | |
| | CHRIS WEBBER | |
| Vice Cha | irman: 9 QUENBY WAY, BRONHAM, MK438QW, GBR | |
| Address: | 4 QUENET WAT, BROMENW, MR436QW, GBR | |
| | | |
| | DOMINIQUE ROUSSEL | |
| Director: | | |
| Address: | 61 ARDO DOCTEUR ARNOLD NETTER 75-012, PARIS, FRA | |
| Audiess. | | |
| | DAMD VEDD | |
| Director: | DAVID KERR | |
| | 4975 BONITA BEACH ROAD, UNIT 106, BONITA SPRINGS, FL 34134 USA | |
| Address: | | |
| | | |
| B. OFF | TICEDS | |
| b. Off | HARVEY COHEN | تند |
| President | | · (|
| Address: | 199 WELLS AVENUE, NEWTON, MA 02459, USA | |
| ridaress. | | 9/3 |
| | | <u></u> |
| Vice Pres | sident: | |
| | | • |
| Address: | | |
| | | |
| Camatam | ERIC H. KARP | |
| Secretary | 22 BATTERYMARCH STREET, BOSTON, MA 02109, USA | <u> </u> |
| Address: | | |
| Treasure | HARVEY COHEN | |
| Treasurer | 199 WELLS AVENUE, NEWTON, MA 02459, USA | |
| Address: | | |
| NOTE: | If necessary, you may aftach an addendum to the application listing additional officers and/or directors. | |
| | Dan Callen | |
| 12 | Signature of Director or Officer | |
| The offi | icer or director signing this document (and who is listed in number 11 above) affirms that the facts stated he | rein |
| | and that he or she is aware that false information submitted in a document to the Department of State consti | |
| | legree felony as provided for in s.817.155, F.S. | |
| HAI | RVEY COHEN, PRESIDENT | |

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



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

Date: August 06, 2015

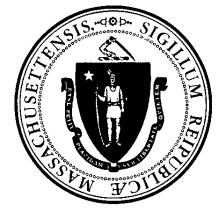
To Whom It May Concern:

I hereby certify that,

STRATEGY ANALYTICS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on September 05, 1996.

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.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 15084662820

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

Processed by: tad