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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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COVER LETTER

A,

TO: Registration Section Division of Corporations	
SUBJECT: META STAT, INC.	
Name of corporation - must in	clude suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Flor	d check are submitted to register the
Please return all correspondence concerning this matter to the fo	llowing:
DANIEL SCHNEIDERMAN	
META STAT TNC	
27 DRYDOCK AVE	, 2ND FLOOR
BOSTON, MA OSE	310
DSCHNEIDER MAN O METASTAT	
E-mail address: (to be used for future	annual report notification
For further information concerning this matter, please call:	796
Name of Person Area Code	3 - 08 70 5 Daytime Telephone Number
, mea code	Saytime Telephone 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
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Description Certified	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

working Asst VP 1-5-2016

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 addresses of officers and/or directors:	INC.	IND T
A. DIRECTORS Bos Tok	DOCK AUS, O DOCK AUS, O D, MA OZIIZ	7 W - F
Chairman: RICHARD BORMAN	-, / // 05/12	
Address:		
Vice Chairman:		
Address:		
Director: JOHAN M. (14155) SROOR		
Address:		
Director: H. PHILIP GOODEVE	W-3-7-12-12-24-24-24-24-24-24-24-24-24-24-24-24-24	
Address:		
B. OFFICERS OFO President: DOUGLAS HAMILTON		
Address:		
	<u> </u>	
Vice President: MAZK GUSTAUSON	AND LA	<u> </u>
Address:	V II 5/A 4/SS	
·	E 7	M
Secretary: DANIBL SCHNEIDER-MAN	59 =	\Box
· V	<u> </u>	
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attack an addengum to the application listing additional	l officers and/or directors	
12. Mies New		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) as	ffirms that the facts stated	l herein
are true and that he or she is aware that false information submitted in a document to the		
a third degree felony as provided for in s.817\\ 55, F.S.	- 1. C.F.	15100
13. ANIEL SHNODERMY TO FINAL (Typed or printed name and capacity of person signing applica	NCE 4 SEC	-0 PN



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

	ECTORS
DIRECT.	OSCAR L. BRONSTHER
	•
Address:	*
~~~	
DIRECTO	MARTIN J. DRISCOLL
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFF	CERS
Pracidant	<del>년</del>
	<u> </u>
Address:	<u>&gt;≥ ( T)</u>
Vice Presi	dent:
Address:	
	ëri 5
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	
The offic	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are true a	nd that he or she is aware that false information submitted in a document to the Department of State constitutes
a third de	gree felony as provided for in s.817.155, F.S.
13	
	(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, METASTAT, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 28, 2007, and is in good standing in this state.

AL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 4, 2016.

Ballara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160104-1645
You may verify this electronic certificate
online at http://www.nvsos.gov/