## F100003389

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

Office Use Only



300286038993

300286036993 05/23/16--01039--013 \*\*78.75

2018 MAY 24 A II: 39

HAY 25 2018

**COVER LETTER** 

TO:	Registration Se Division of Co							
SUBJ	ECT: <u>In</u>	Heractron /- Name of	SSOCI a	les - must in	Tucerp clude suffix	orated		_
Dear S	ir or Madam:		•					
"Certif	icate of Existent	tion by Foreign Corp ce," or "Certificate of an corporation to tran	Good Stan	ding" and	d check are sul			
Please	return all corres	pondence concerning	this matter	to the fo	llowing:			
0	aniel Fa	a 9 ~						
	aniel Fa		Name of F	erson				
_In	teraction	Associati	Firm/Com	car pon	rated		_	_
70	Fargo St	, Suite 90	Addre	 SS				
Bo	Ston M	A 0221	0					
	,	C	City/State an	d Zip co	de			
df	agon Cl	A 0221  Ateraction a  E-mail address: (i	to be used fo	or future	annual report	notification)		701S
For fur	ther information	concerning this matt	er, please ca	all:				T.
							SS FEE	2
Da	niel Fa	gan at	(617	2_د	35-701	<u> </u>	<u>~~</u> . ————	
	Name of Perso	ส์	Area Code		Daytime Telep	hone Number	두둑	D
			•				83	=
	STREET/COU Registration Se Division of Con				MAILING A Registration S Division of Co	ection	D <sub>E</sub>	e Q
	Clifton Buildin	_			P.O. Box 632	7		
	2661 Executive Tallahassee, FL			· ·	Tallahassee, F	L 32314		
Enclose	ed is a check for	the following amoun	t:					
<b>□ \$</b> 70	.00 Filing Fee	☑ \$78.75 Filing F Certificate of S		\$78.75 Certifie	Filing Fee & d Copy	S87.50 F	te of Stat	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TE WITH SECTION 607.1503, FLORIDA ST PREIGN CORPORATION TO TRANSACT B		
1. Twice (Enter name of	corporation; must include "INCORPORATED," Corp., "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
ind.,Co.,	corp," "ine," "co," or "corp,")		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	ness in Florida)
2. Delan	ry under the law of which it is incorporated) 3.	04-3520315	
4. June	2000 5. e of incorporation)		·
(Dat	e of incorporation)	(Date of duration, if other than p	erpetual)
б			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7. 70 Fax	go St. Suite 908. Bos (Principa	ton, MA 02210	<u> </u>
	(Principa	office address)	
h	(0	15 10 1000	
	(Current mailing	g address, if different)	
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2016
Name:	CT Comparation System		HAY 24 JAHASSEE.
Office Address:	1700 South line Island	Read	24 SSEI
	Plante from (City)	, Florida <u>33324</u>	
	(City)	(Zip code)	.93 <del>-</del> -
9. Registered age			ਲਾਜ਼ ਘੁ
	ed as registered agent and to accept servic application, I hereby accept the appointm		
	omply with the provisions of all statutes re		
	amiliar with and accept the obligations of		
1	2170	Jenifer Vincent	:
4		Vice President & Assistant Secret	жу
/		ent's signature)	
10. Attached is a	certificate of existence duly authenticated, n	ot 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:	
A. DIRECTORS * 3 additional directors a Hacker	4
Chairman: Jamie Harris	(
Address: 853 Mcellen Way	
Latayette, CA 94549	······
Vice Chairman:	
Address:	
Director: Timethy Swards	,
Address: 130 Brookside Dave	
Berkeler, CA 94705	
Director: Brece Wheeler	
Address: 10 Fairview	
Corte Madera, CA 94928	
B. OFFICERS	
President: Barry Rosen	
Address: 2310 Oregon 5t.	72 20 TAL
Berkeley, CA 94705	
Vice President: _ v / 9	Y 2L
Address:	®o € III
Secretary:n_/a	
Address:	
Treasurer: _n /a	
Address:	
NOTE: If necessary, you may stach an addendum to the application listing add	itional officers and/or directors.
12. Pamil Rose	
U Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 abo	ove) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a documen	
13. <u>Rarry Rosen</u> CEO	
(Typed or printed name and capacity of person signing a	pplication)

Director:	Stare Cohen
Address;	6264 Chasewood Prive
	Eden Prasue MN 55344
	Robert Vitrano
	5360 Laurel Street
	New Orleans, LA 70115
Director:	Beth O'Neill
Address:	653 Redwood Ave
	Costa Madera, CA 94975
Director:	
Address:	

2016 HAY 24 A 11: 39

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTERACTION ASSOCIATES, 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-SIXTH DAY OF APRIL, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

and corn delaware gov/auti

Authentication: 202212219

Date: 04-26-16

3219096 8300 SR# 20162573853