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,,,	Account Name	: REGISTERED AGENTS INC.	~*1 <u></u>
	Account Number	=	- 55 Y
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FOREIGN PROFIT/NONPROFIT CORPORATION FINANCIAL FOUNDATIONS, INC

Certificate of Status	0
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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. FINANCIAL FOUNDATIONS, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Waypoint Financial Management, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Massachusetts (FEI number, if applicable) (State or country under the law of which it is incorporated) 02/15/2000 (Date of duration, if other than perpetual) (Date of incorporation) Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) One Research Dr. Suite 100B, Westborough, MA 01581 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: , Florida 33607 TAMPA (City)

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.

Bill Havre/Secretary/Registered Agents Inc.
(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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: Nicholas Cosentino Director: Address: One Research Dr. Suite 100B Westborough MA 01581 Director: Address: **B. OFFICERS** Nicholas Cosentino President: One Research Dr. Suite 100B, Westborough, MA 01581 Address: Vice President: Nicholas Cosentino Secretary: One Research Dr., Suite 100B, Westborough, MA 01581 Address: Nicholas Cosentino Treasurer: One Research Dr. Suite 100B, Westborough, MA 01581 Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.

Nicholas Cosentino, President



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: August 01, 2016

To Whom It May Concern:

I hereby certify that according to the records of this office,

FINANCIAL FOUNDATIONS, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galein

Certificate Number: 16080783610

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

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