F17000005690

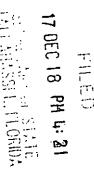
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100306537931

12/18/17--01021--010 **87.50



S. WARREN DEC 1 9 2017

COVER LETTER

TO:		tration Sec on of Cor					
SURJ	FCT.	PDFFIL	LER, INC.				
1901311	1701.		Name of co	rporation	- must include suffix		
Dear S	Sir or M	adam:					
"Certi	ficate of	Existence		iood Stan	Authorization to Transac ding" and check are sub as in Florida.		
Please	return a	all corresp	ondence concerning tl	nis matter	to the following:		
VADE	M YASII	NOVSKY					
		_]	Name of I	erson		
PDF	FILLEF	R, INC.					
			1.	irm/Com	bany		
13 BE	ACON S	T STE 301					
		<u> </u>		Addre	SS		
BROO	KLINE.	MA 02446					
	·			y/State ar	id Zip code		
ELEN	A@AGS	TAX.CON	1				
1313131	<u> </u>		E-mail address: (to	be used f	or future annual report r	otification)	
For fu	rther inf	ormation	concerning this matter	, please c	all:		
ELEN	NA KLADOVA at (617) 977-3010 Name of Person Area Code Daytime Telephone Number						
·	Name	of Person	1 /	Area Codo	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a	check for	he following amount:				
3 \$70),00 Fili	ing Fee	☐ \$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status &	

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. PDFFILLER	R, INC.			
	torporation: must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	." "COMPANY." "CORPORATIC	N(."	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
₂ Delaware	3			
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
6/29/2017				
4.	of incorporation) 5		1.	
(Date	e of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
6.				
7,1371 BEACON S	(SEE SECTIONS 607.1501 & 607.1 ST., SUITE 301 BROOKLINE, MA 02446 (Princi	ipal office address)		
	(Current mail	ing address, if different)	17 D	
8. Name and street	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	PILCO PEC 18 PH	
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North		1.021 1.021	
	Loxahatchee	, Florida 33470	Şm -	
	(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 familiax with and accept the obligations of my position as registered agent.

Jackie DeFilippis on behalf of InCorp Services, 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: VADIM YASINOVSKY Address: 1371 BEACON ST., SUITE 301 BROOKLINE, MA 02446 Vice Chairman: Address: Address: ______ Address: B. OFFICERS President: VADIM YASINOVSKY Address: 1371 BEACON ST., SUITE 301 BROOKLINE, MA 02446 Vice President: Address: Secretary: __ Treasurer: 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 a third degree felony as provided for in s.817.155, F.S.

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

13. <u>vadim y</u>as<u>inovsky</u>

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PDFFILLER, 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 OCTOBER, A.D. 2017.

Authentication: 203465737

Date: 10-26-17

6461620 8300 SR# 20176799296