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COVER LETTER

D	egistration Sec ivision of Cor	porations			
CUBIC	T: ENVERITA	S, INC			
SUBJEC	.1:	Name of Corporation	n – mus	include suffix	
Dear Sir o	or Madam:				
			^		
Affairs in	Florida", "Cert	on by Foreign Not for Profit ificate of Existence", or "Coced not for profit corporations."	ertificat	of Status" and che	ck are submitted to
Please reti	urn all correspo	ondence concerning this ma	tter to th	e following:	
	Avery Gr	ayson			
	<u> </u>	Name o	f Person		
	Enveritas	, Inc.			
		Firm/C	ompany		
	24 Innis l	.ane			
		Ado	iress		
	Old Gree	nwich, Connecticut 06870			
	•	City/State a	nd Zip C	ode	
	•	nveritas.org			
	E-ma	il address: (to be used for f	uture an	nual report notificat	ion)
For furthe	r information o	oncerning this matter, pleas	se call:		
Marissa l	Leon Jimenez	at (213	880-1658	
	Name of		Area Co	de Daytime Tele	phone Number
R D P.	IAILING ADI egistration Sec ivision of Corp O. Box 6327 allahassec, FL	tion orations		STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations ig c Center Circle
Enclosed	is a check for the	he following amount:			
\$70.00) Filing Fee	■\$78.75 Filing Fce & Certificate of Status		75 Filing Fee & rtified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

2. CONNECTICUT 3. 81-1681880 3. (FEI number, if applicable) 4. (Date of country under the law of which it is incorporated) 4. (Date of Incorporation) 5. (Date of duration, if other than perpetual) © 6. (Date lirst conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S., to determine penalty flability.) 7. (Principal office address) 6. (Current mailing address, if different) 7. (Principal office address) 8. ac well as honovolent assistance to those in need (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mallory Plaks Name: Office Address: Mallory Plaks To NW 8th Avenue, Unit 307 Plantation Florida (City) To 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, further agree to comply with the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	(If name unav	ailable in Florida, enter alternate corporate name adopte	ed for the purpose of transacting business in Florida)
(Date of Incorporation) (Date of Incorporation in Inc	CONNECTION 2.	CUT 81-16	81880
Olize lirst conducted affairs in Florida if prior to registration. See sections 617, 501 & 617,1502, F.S. to determine penalty flability. 24 Innis Lane, Old Greenwich, Connecticut 06870 (Principal office address) (Current mailing address, if different) The organization promotes awareness and provides education to the public regarding sustainable resources as well as henevalent assistance to those in need (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mallory Plaks To NW 8th Avenue, Unit 307 Plantation Florida (City) To NW 8th Avenue, Unit 307 Plantation Florida (City) To NW 8th Avenue, Unit 307 Plantation Florida (City) To NW 8th Avenue, Unit 307 Plantation Florida (City) To NW 8th Avenue, Unit 307 Plantation Florida The adventage of a gent 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.			
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Malting	9. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.O. Box Mallory Plaks 510 NW 8th Avenue, Unit 307 Plantation	NOT acceptable)
(Registered agent's signature)	9. Name and str Name: Office Address: 10. Registered Having been na	Mallory Plaks 510 NW 8th Avenue, Unit 307 Plantation (City) I agent's acceptance: amed as registered agent and to accept service of his application, I hereby accept the appointment of comply with the provisions of all statutes relative familiar with and accept the obligations of my	NOT acceptable) Orida (Zip Code) Frocess for the above stated corporation at the place as registered agent and agree to act in this capacity. It is to the proper and complete performance of my position as registered agent.

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS Chairman: Address:____ Vice Chairman: Address: Matthew DesChamps Director: 24 Innis Lane, Old Greenwich, Connecticut 06870 Address: David Kennedy Director: 24 Innis Lane, Old Greenwich, Connecticut 06870 Address:____ **B. OFFICERS** William King President: 24 Innis Lane, Old Greenwich, Connecticut 06870 Address: Vice President: Address:_ David Browning Secretary: 24 Innis Lane, Old Greenwich, Connecticut 06870 Address:_ David Browning Treasurer: 24 Innis Lane, Old Greenwich, Connecticut 06870 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. PAVID BROWNING - SECRETARY (Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

ENVERITAS, INC.

a domestic NONSTOCK corporation, was filed in this office on March 14, 2016, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: January 18, 2018

Business ID: 1200404 Express Certificate Number: 2018026375001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov