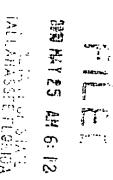
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(Re	equestor's Name)					
(Ac	ldress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Вс	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

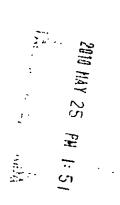
Office Use Only



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MAY 29 2019 J. HARRIS



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 220796 4384202 AUTHORIZATION COST LIMIT : \$ 70.00 ORDER DATE : May 21, 2018 ORDER TIME : 3:06 PM ORDER NO. : 220796-005 CUSTOMER NO: 4384202 FOREIGN FILINGS NAME: APPLIED GEOGRAPHICS, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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.

ĺ.	Applied Geographics, Inc.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.,"							
	(If name unavaila	ble in Florida, enter alternate corporate nan	ie adoj	oted for the purpose of transacting busine	ss in Florida))		
2.	Massachusetts		3			_		
	(State or country	y under the law of which it is incorporated)		(FEI number, if applicable))			
4.	5/30/1991		5.					
		(Date of incorporation) (Date of du			ation, if other than perpetual)			
6.								
		·		orida, if prior to registration) F.S., to determine penalty liability)		_ 21 23 35	me.r	
7,	24 School Street.	Suite 500 Boston, MA 02108 (Prin	icinal c	office address)		_==	EBENGA EBENGA	
		(1111	icipiii c	The dunessy		(<u>C)</u>	\$17 mar. 12	
	(Current mailing address, if different)						4	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Corporation Service Company					SIATE	6: <u>⊩</u> %	The state of the s	
, ·	Name:	1201 Hays Street		_				
U	ffice Address:	Tallahassee		— 32301 , Florida				
		(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 familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

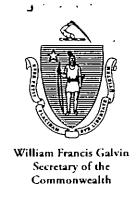
By: Roxanne Turner Asst. Vice President

(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: Richard Grady			-
Address: 24 School Street, Suite 500			
Boston, MA 02108-5113			
Vice Chairman:			
Address:			
Director: Peter Girard			
Address: 24 School Street, Suite 500			
Boston, MA 02108-5113			
Director: Kate Hickey			
Address: 24 School Street, Suite 500			
Boston, MA 02108-5113			
B. OFFICERS			
President: Richard Grady			
Address: 24 School Street, Suite 500			
Boston, MA 02108-5113		153 153	******
Vice President:	<u> </u>	ð	
Address:	<u> </u>	S S	7
		73 X	E.C.
Secretary: Peter Girard	2000 2000 2000	<u>ن</u>	
Address: 24 School Street, Suite 500, Boston Ma 02108-5113	>	လို	
Treasurer;			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional office. Signature of Director or Officer. The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in \$ 817.155. F.S.	s that the facts state of State of	ted her	
13. Kate Hickey Tel-Licely Director (Typed or printed name and capacity of person signing application)	<u></u>)		



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

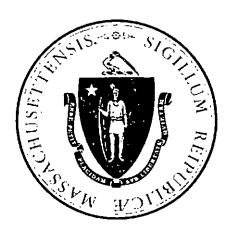
Date: May 24, 2018

To Whom It May Concern:

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

APPLIED GEOGRAPHICS, 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

William Travino Galicin

Certificate Number: 18050496210

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

Processed by: