

# F18000005925

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

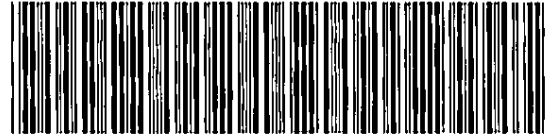
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 DEC 27 PM 3:48  
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18 DEC 27 AM 11:04  
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K. SALY

DEC 28 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 559052 7354150

AUTHORIZATION :

COST LIMIT : \$70.00



ORDER DATE : December 26, 2018

ORDER TIME : 10:30 AM

ORDER NO. : 559052-010

CUSTOMER NO: 7354150

FOREIGN FILINGS

NAME: ADVALENT INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

# 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.

Advalent Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Delaware

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
March 29, 2018 Perpetual

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
Upon qualification

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1560 Sawgrass Corporate Parkway, Suite 466, Sunrise, Florida 33323

7. \_\_\_\_\_  
(Principal office address)  
1560 Sawgrass Corporate Parkway, Suite 466, Sunrise, Florida 33323

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Corporation Service Company

Name:

1201 Hays Street

Office 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.*



Emily Croft  
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.

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TALLAHASSEE

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Sasidhar Parvatham

Address: 200 Friberg Parkway

Westborough, Massachusetts 01581

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Briana Lichtlin

Address: 1560 Sawgrass Corporate Parkway, Suite 466

Sunrise, Florida 33323

Vice President:

Address:

Secretary: Brian Lichtlin

Address: 1560 Sawgrass Corporate Parkway, Suite 466, Sunrise, Florida 33323

Treasurer: Brian Lichtlin

Address: 1560 Sawgrass Corporate Parkway, Suite 466, Sunrise, Florida 33323

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Brian Lichtlin*

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.

Brian Lichtlin, Chief Executive Officer and President

13.

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

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STATE  
TALLAHASSEE FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVALENT 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 DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVALENT INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2018.

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

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NOTARY PUBLIC  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6822042 8300

SR# 20188359598

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204177366

Date: 12-26-18