

(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:			
W20000026076			

Office Use Only



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MAR 1 3 2020





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2020

CSC/KADESHA ROBERSON

RESUBMIT

Please give original

SUBJECT: MAK SIMULATION TECHNOLOGIES, INC. date.

Ref. Number: W20000026076

We have received your document for MAK SIMULATION TECHNOLOGIES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 320A00005347

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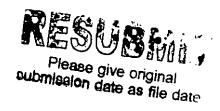
CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 205485 8278358			
AUTHORIZATION :			
COST LIMIT : \$70.00			
ORDER DATE: March 6, 2020			
ORDER TIME : 11:54 AM			
ORDER NO. : 205485-005			
CUSTOMER NO: 8278358	<u> </u>		
	=- 		
FOREIGN FILINGS	;		
XXXX QUALIFICATION (TYPE: CO)			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Kadesha Roberson EXT# 62980			

EXAMINER:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500



ACCOUNT NO. : 12000000195	
REFERENCE : 205485 8278358	
AUTHORIZATION	
COST LIMIT A \$ 150.00	
	.
ORDER DATE: March 6, 2020	
ORDER TIME : 11:54 AM	
ORDER NO. : 205485-005	
CUSTOMER NO: 8278358	63
	- = = - ·
FOREIGN FILINGS	; ()
NAME: MAK TECHNOLOGIES, INC.	. T. O. 24
XXXX QUALIFICATION (TYPE: CO)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Kadesha Roberson EXT# 62980	

EXAMINER: ____

COVER LETTER

	gistration Section vision of Corporations			
SUBJEC'	T: MAK Technologies, Inc.			
		of corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign C e of Existence," or "Certificate renced foreign corporation to t	of Good Stand	Authorization to Transact Business in F ding" and check are submitted to regist is in Florida.	florida," er the
Please retu	rn all correspondence concern	ing this matter	to the following:	
Kathy Pratt				
		Name of I	Person	
MAK Tech	nologies, Inc.			
		Firm/Comp	pany	
150 Cambri	dge Park Drive 3rd Floor			
 ·	· · · · · · · · · · · · · · · · · · ·	Addre	SS	
Cambridge	MA 02140			
		City/State an	d Zip code	
kpratt@mal	c.com	-	•	·
	E-mail address	s: (to be used fo	or future annual report notification)	<u>.</u>
For further	information concerning this n	natter, please ca	II:	ن.ت
Kathy Pratt		, 857	209-3516	4-
Na	me of Person	at (857 Area Code	Daytime Telephone Number	<u> </u>
Reg Div The 241	REET/COURIER ADDRES gistration Section vision of Corporations c Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	a check for the following amore check payable to: FLORIDA DI iling Fee	EPARTMENT (g Fee &	\$78.75 Filing Fee & 🔲 \$87.50 Fi	e of Status &

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MAK Technologies, Inc	€.		
~~~~~	ame of corporation - r	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate above referenced foreign corporation	icate of Good Standin	g" and check are submitted to registe	lorida," or the
Please return all correspondence con	cerning this matter to	the following:	
Kathy Pratt			
	Name of Per	son	
MAK Technologies, Inc.			
	Firm/Compar	ny	<del></del>
150 Cambridge Park Drive 3rd Floor			
	Address		
Cambridge MA 02140			
	City/State and 2	Zip code	
kpratt@mak.com			723
E-mail add	dress: (to be used for t	uture annual report notification)	
For further information concerning th	nis matter, please call:		- <b>-</b>
Kathu Dratt	W. L. D.		
Kathy Pratt	at ()	209-3516	_ : .
Name of Person	Area Code	Daytime Telephone Number	6: 1:
STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1.~
	A DEPARTMENT OF Filing Fee & 🗆 \$7	8.75 Filing Fee & S87.50 Fil	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. MAK Technolo	ogies, Inc.			
(Enter name of o	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
MAK SIN	MULATION TECHNOLOGIES, INC.			
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting bu	siness in Florida)	
Delaware 2.	3			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 7/31/1990	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
7/31/2019 6.				
7 150 Cambridge F	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 ark Drive 3rd Floor, Cambridge, MA 02140			
,	(Principal office	street address)	······································	
<del></del>	(Current mailing a	ddress, if different)		
8. Name and street	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	~ ;	
Name:	Corporation Service Company	_		
Office Address:	1201 Hays Street			
	Tallahassee			
	(City)	(Zip code)	\ <u>}</u>	

#### 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.

(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.

a. directórs	•			
Chairman	Name: BG(R) William E. Cole	□Chairman	Name: Kathy Pratt	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	Cambridge, MA 02140	■Director	Cambridge, MA 02140	
President		□President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	<b>■</b> Treasurer	
Other	Other	□Other	□Other	
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	· · · · · · · · · · · · · · · · · · ·	
□ Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	□Other	Other	
□ Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.				
12	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.				



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

DELAWARE, DO HEREBY CERTIFY "MAK TECHNOLOGIES, 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 SIXTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAK

TECHNOLOGIES, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF

JULY, A.D. 1990.

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

17.55 1.11 0.1

STATE OF THE PARTY OF THE PARTY

Authentication: 202536404

Date: 03-06-20