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COVER LETTER

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_	tration Section ion of Corporations			
SUBJECT:	Gas Path Solutions, Inc.			
30DJECT.	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
*Certificate o	"Application by Foreign Corf Existence," or "Certificate code foreign corporation to tra	of Good Stand	ing" and check are submitt	
Please return	all correspondence concernin	g this matter t	o the following:	
J. Keith Phifer				
		Name of P	erson	
Phifer Pinkhan	a, LLC			
		Firm/Comp	pany	
1900 Crown C	olony Drive, Suite 309			
		Addres	5S	-
Quincy, MA 0	2169			
-		City/State an	d Zip code	
kperry@phifer	pinkham.com			
	E-mail address:	(to be used fo	r future annual report notif	ication)
For further in	formation concerning this ma	tter, please ca	11:	1971 d.
J. Keith Phifer	;	at (de Daytime Telephone Number	
Nami	e of Person	Area Code	Daytime Telephone	Number :
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT (Fee &		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ac	opted for the purpose of transacting by	usiness in Florida)
Massachusetts		001417520	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applications)	able)
January 1, 2020	5		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
November 1, 20	20		
	(Date first transacted business in I		
	(ODE ODOTIONO (AS 17A1 A 2AS 17A		
1A Const Lake D	(SEE SECTIONS 607.1501 & 607.150	2, r.S., to determine penalty hability)	
10 Secret Lake R	oad, Phillipston, MA 01331		
10 Secret Lake R	oad, Phillipston, MA 01331	estreet address)	
10 Secret Lake R	oad, Phillipston, MA 01331 (Principal office	street address)	
10 Secret Lake R	oad, Phillipston, MA 01331 (Principal office		
	oad, Phillipston, MA 01331 (Principal office) (Current mailing)	address, if different)	
Name and stree	oad, Phillipston, MA 01331 (Principal office	address, if different)	
	(Principal office) (Current mailing) et address of Florida registered agent: (P.O. Christopher Camp	address, if different)	
. Name and stree	(Principal office (Current mailing et address of Florida registered agent: (P.O.	address, if different)	2.7.
. Name and stree Name:	(Principal office) (Current mailing) et address of Florida registered agent: (P.O. Christopher Camp	estreet address) address, if different) Box NOT acceptable)	2021
. Name and stree Name:	(Current mailing et address of Florida registered agent: (P.O. Christopher Camp 11165 North Blackfoot Point	address, if different) Box NOT acceptable)	

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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. DIRECTORS Laurence Kenny Brian Nason Name: □ Chairman Name: □ Chairman Brian Nason 104 Hubbard Hill Road □ Vice Chairman □ Vice Chairman Address: Address: Phillipston, MA 01331 Rindge, NH 03461 □ Director □Director President □ President ☐ Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary ■ Treasurer □ Other □Other □Other ____ □Other Michael Busack Brian Nason □ Chairman Name: □ Chairman Name: 17 Ware Drive Brian Nason □Vice Chairman Address: □ Vice Chairman Address: Baldwinville, MA 01436 Phillipston, MA 01331 **■** Director ■ Director \square President □President ☐ Vice President □Vice President ■ Secretary □Treasurer □ Secretary ☐Treasurer □ Other □Other ____ Other Michael Busack Name: Laurence Kenny □ Chairman □ Chairman 104 Hubbard Hill Road 17 Ware Drive ☐ Vice Chairman Address: □ Vice Chairman Address: Rindge, NH 03461 Baldwinville, MA 01436 ■ Director ■ Director □ President □ President ☐ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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. 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 Nason



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

May 8, 2020

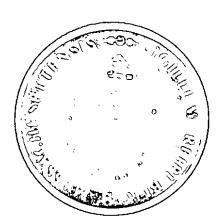
TO WHOM IT MAY CONCERN:

I hereby certify that

GAS PATH SOLUTIONS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 1, 2020.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galecin