F 20000003068

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

	ion of Corporations			
SUBJECT:	NWN Corporation			
	Name of	corporation -	must include suffix	-
Dear Sir or M	ladam:			
"Certificate o		Good Standi	uthorization to Transact Business in Florige and check are submitted to register in Florida.	
Please return	all correspondence concerning	this matter to	the following:	
Adam Frankel				
	·	Name of Pe	erson	
NWN Corpora	ation			
		Firm/Comp	any	
271 Waverley	Oaks Road Suite 100			
		Addres	5	
Waltham, MA	02452			
	(City/State and	Zip code	
Afrankel@nw				
	E-mail address: (to be used for	future annual report notification)	
For further in	formation concerning this mat	ter, please cal	l:	<u> </u>
Adam Frankel		781 ()	_ ·
Nam	e of Person	Area Code	Daytime Telephone Number	-9
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	T: 1: 13
	check for the following amount neck payable to: FLORIDA DEP ing Fee	ARTMENT (\$78.75 Filing Fee & 🔲 \$87.50 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.

f name unavail:	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business	in Florida)
Delaware		3. 04-3532235 (FEI number, if applicable)	
(120/2000			
(Date	of incorporation)	5(Date of duration, if other than perpet	ual)
	•	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
71 Waverley Oa	ks Road Suite 100 Waltham, MA 02452		
	(Principal	office <u>street</u> address)	
	<u>.</u>		
	(Current ma	iling address, if different)	
Name and atmos			
Name and stree	<u>t address</u> of Florida registered agent: (
Name and <u>stree</u> Name:			202
	<u>t address</u> of Florida registered agent: (2020 . 1
Name:	Registered Agent Solutions. Inc. 155 Office Plaza Dr.	P.O. Box <u>NOT</u> acceptable)	5 6203
Name:	Registered Agent Solutions. Inc. 155 Office Plaza Dr.		co I
Name: fice Address:	Registered Agent Solutions. Inc. 155 Office Plaza Dr. Tallahassee (City)	P.O. Box NOT acceptable) , Florida 32301	1
Name: ice Address: Registered age	Registered Agent Solutions. Inc. 155 Office Plaza Dr. Tallahassee (City)	P.O. Box NOT acceptable) , Florida 32301	-9 [] 1
Name: ice Address: Registered agoing been namignated in this	rt address of Florida registered agent: (Registered Agent Solutions, Inc. 155 Office Plaza Dr. Tallahassee (City) ent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoint	P.O. Box NOT acceptable) , Florida 32301 (Zip code)	tion at the p

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DocuSign €nvelope ID: 338DE89C-C584-4B75-B75A-EA3B9AC7F7B4

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 271 Waverley Oaks Road	□Vice Chairman	Address: 271 Waverley Oaks Road
Director	Suite 100	□Director	Suite 100
□President	Waltham, MA 02452	□President	Waltham, MA 02452
□Vice President		□Vice President	
□Secretary	Treasurer	□ Secretary	□Treasurer
□Other	□Other	Other CEO	Other
	Matt Curran		Matt Curran
□ Chairman	271 Waverley Oaks Road Address:	□ Chairman	271 Wayerley Oaks Road
	Suite 100	□Vice Chairman	Address: Suite 100
□Director	Waltham, MA 02452	Director	Waltham, MA 02452
□President	Tradition, WA 02-02	□President	Truttium, Prix Varia
□Vice President		□Vice President	
■ Secretary	■ Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
			2020
□Chairman	Name:	□ Chairman	ivaille.
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	;; ;;
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	□Other
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department		
12. Hatt Coman	Signature of Director of	r Officiar	
The officer or disc	etor signing this document (and who is listed in number		iat the facts stated beroin are true and that he or
	alse information submitted in a document to the Departi		
13. Matt Curra	on Chi	ef Financial O	fficer.

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

DELAWARE, DO HEREBY CERTIFY "NWN CORPORATION" 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 ELEVENTH DAY OF JUNE, 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 "NWN CORPORATION"
WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2000.

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

2020 FF -9 PH 1:53



3253762 8300

SR# 20205649029

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203095061

Date: 06-11-20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NWN Corporation	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence." or "Certificate of Good Stan above referenced foreign corporation to transact business.	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Adam Frankel	
Name of	Person
NWN Corporation	
Firm/Com	pany
271 Waverley Oaks Road Suite 100	
Addre	ess
Waltham, MA 02452	
City/State a	nd Zip code
A frankel@nwnit.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please of	all:
Adam Frankel 781	788-4416
Name 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$\overline{\sigma}\$ \$70.00 Filing Fee \$\overline{\sigma}\$ Certificate of Status	OF STATE S78.75 Filing Fee & S87.50 Filing Fee. Certified Copy 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.

(Enter name of c	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION."	
"Inc.," "Co.," "C	orp," "Inc." "Co." or "Corp.")		
NWN Group Co	orporation		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business	in Florida)
Delaware	y under the law of which it is incorporated)	04-3532235	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
6/30/2000	5		
(Date	5. of incorporation)	(Date of duration, if other than perpeti	ual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501	Florida, if prior to registration) 2. F.S., to determine penalty liability)	
271 Waverley Oa	iks Road Suite 100 Waltham, MA 02452		
		e <u>street</u> address)	
		e <u>street</u> address)	
	(Principal office	e <u>street</u> address) address, if different)	
None and according	(Principal office	address, if different)	20
Name and <u>stree</u>	(Principal office) (Current mailing et address of Florida registered agent: (P.O.	address, if different)	2020
Name and <u>stree</u> Name:	(Principal office	address, if different)	202d .i
	(Principal office) (Current mailing et address of Florida registered agent: (P.O.	address, if different)	2020 .11. 1908
Name:	(Principal office) (Current mailing) et address of Florida registered agent: (P.O., Registered Agent Solutions, Inc. 155 Office Plaza Dr.	address, if different) Box NOT acceptable)	i
Name:	(Principal office) (Current mailing) et address of Florida registered agent: (P.O., Registered Agent Solutions, Inc. 155 Office Plaza Dr.	address, if different)	6-

Existin Hulgaard
(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.

DocuSign Envelope ID 45578BA1-AEED-4D91-922B-F97AD85986C4

A. DIRECTORS James Sullivan Name: James Sullivan □Chairman □Chairman 271 Waverley Oaks Road 271 Waverley Oaks Road □Vice Chairman □Vice Chairman Address: Address: Suite 100 Suite 100 **■** Director □ Director Waltham, MA 02452 Waltham, MA 02452 □President □President ☐ Vice President □ Vice President □ Secretary □ Secretary ☐ Treasurer ☐Treasurer Other CEO □Other ____ □Other _____ □Other _____ Matt Curran Name: Matt Curran □Chairman □Chairman 271 Waverley Oaks Road 271 Waverley Oaks Road □Vice Chairman Address: Address: □Vice Chairman Suite 100 Suite 100 □ Director □ Director Waltham, MA 02452 Waltham, MA 02452 □President □President □Vice President _____ □ Vice President □Treasurer Secretary Treasurer □ Secretary Other CFO □Other ____ □Other _____ □Other _____ Name: Name: □Chairman □Chairman □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 individual Prinkoped added to the index when filing your Florida Department of State Annual Report form. Matt Cuman 12 Signature of Director or Officer The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he or

The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.

Matt Curran

Chief Financial Officer.