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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Newgistics, Inc.

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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 "INCO orp," "Inc," "Co," or "Corp ")	ORPORATED." "C	OMPANY," "CORPORATION	•	
(If name unavail)	ble in Florida, enter alternate c	corporate name adop	oted for the purpose of transacting	g business in 1	Florida)
Delaware		3.			
(State or country	y under the law of which it is tr	ncorporated)	(FEI number, if app	nlicable)	
December 1, 19)9	5.			
(Date	of incorporation)	<u> </u>	(Date of duration, if other i	than perpetual	1)
Upon filing					
		acted business in Flo 7,1501 & 607 1502,	orida, if prior to registration) $F(S)$, to determine penalty liability	iy)	
3171 30thi west t	arkway rudg, 500, 5000 400,				
		(Principal o	ffice address)		
27 Waterview Dr	ive, 27-3C, Shelton, CT 0648-	4			
27 Waterview Dr	ive, 27-3C, Shelton, CT 0648-	4 (Current mailing ac	ldress, if different)	<u> </u>	
<u></u>	ive, 27-3C, Shelton, CT 0648- a address of Florida register CT Corporation System	(Current mailing ac	·		
Name and <u>street</u> Name:	a address of Florida register	(Current mailing acred agent: (P.O. B	·) Ba	The:
Name and <u>stree</u> Name:	a address of Florida register C T Corporation System 1200 South Pine Island Roa Plantation,	(Current mailing acred agent: (P.O. B	ox <u>NOT</u> acceptable) - - 33324 Florida	The control of the co	
Name and street	a address of Florida register C T Corporation System 1200 South Pine Island Roa Plantation.	(Current mailing acred agent: (P.O. B	ox <u>NOT</u> acceptable) - - - - - - - - - - - - -		2 1-10 100
Name and street Name: fice Address: Registered age faving been names ignated in this arther agree to contact the street agree the street agree to contact the street agree the street agreet	a address of Florida register C T Corporation System 1200 South Pine Island Roa Plantation, (City) ent's acceptance: ed as registered agent and application, I hereby acceptance omply with the provisions of	(Current mailing active agent: (P.O. B) to accept service of the appointment of all statutes relatives.	ox <u>NOT</u> acceptable) - - 33324 Florida	ee to act in t te perfo <u>f</u> ina	his capac
Name and street Name: ffice Address: Registered age faving been names ignated in this arther agree to contact the street agree the street agreement agree	a address of Florida register C T Corposition System 1200 South Pine Island Roa Plantation, (City) ent's acceptance: ed as registered agent and application, I hereby acceptomply with the provisions of amiliar with and accept the	(Current mailing activities of accept service of the appointment of all statutes relative of my	Florida (Zip code) of process for the above stated tas registered agent and agritive to the proper and comple	\ d corporatio ee to act in t te perfolina	n ãt}the p his capac
Name and street Name: ffice Address: Registered age faving been names ignated in this arther agree to contact the street agree the street agreement agree	a address of Florida register C T Corporation System 1200 South Pine Island Roa Plantation, (City) ent's acceptance: ed as registered agent and application, I hereby acceptance amiliar with and accept the	(Current mailing activated agent: (P.O. B) In accept service of the appointment of all statutes relations of my	Florida (Zip code) of process for the above stated tas registered agent and agritive to the proper and comple	\ d corporatio ee to act in t te perfolina	n ãt}the p his capac

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.

	N/A
dress:	
ee Chairn	N/A nan.
	tranley J. Sutula III
_	001 Summer Street
	tamford, CT 05926
	Debbie D. Salce
	001 Summer Street
_	Stantford, CT 06926
OFFIC	FRS
	Lila Snyder
-	001 Summer Street
	samford, CT 06926
ee Preside	Roberta Mittleman
	7 Waterview Drive
	Shelton, CT 06484
	Daniel J. Goldstein
	001 Summer Street, Stamford, CT 06926
	Debbie D. Salee
	001 Summer Street, Stamford, CT 06926
	necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

Jim Shapiro, Assistant Secretary

a third degree felony as provided for in s.817.155, F.S.

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEWGISTICS, 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-FOURTH DAY OF JULY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3133218 8300

SR# 20206402784

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

Jeffrey W Didlock, Secretary of State

Authentication: 203344523

Date: 07-24-20