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COVER LETTER

TO:		tration Secti on of Corpo						
SUBJI	FCT:	Warner Tran	isportation Consu	lting, Inc.				
9020		_	Name o	of corporation	n - mu	st include suffix		
Dear Si	ir or M	adam:						
'Certif	icate of	Existence,		of Good Sta	nding'	orization to Transac ' and check are subi Florida		
Please	return :	all correspor	idence concerni	ng this matt	er to th	e following:		
Marc W	/amer							
				Name o	f Perso	on		
Warner	Transp	ortation Cons	ulting, Inc.					
	- '			Firm/Co	mpany	,	-	
177 Riv	verside :	Drive						
		<u>-</u>	_	Add	ress			
Northa	mpton.	MA 01062						283
<u></u>	<u> </u>			City/State	and Z	p code		<u> </u>
тагс@	warnert	ransportation						: :
			E-mail address	: (to be used	for fi	ture annual report n	otification)	,
For fur	ther in	formation co	ncerning this m	atter, please	call:			7:15:15
Marc Warner 413 585-5026		Ğ						
	Nam	e of Person		at (Area Co	/ de	Daytime Teleph	ione Number	
	Regis Divisi The C 2415	tration Secti ion of Corpo entre of Tal	rrations lahassee Street, Suite 810			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations	
Please r	nake ch	eck payable t	e following amo o: FLORIDA DI \$78.75 Filin Certificate o	PARTMEN g Fee &	= \$78	STATE 3.75 Filing Fee & rtified Copy	□ \$87.50 Fil Certificate Certified (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.

Warner Transpo	rtation Consulting, Inc.			
	orporation; must include "ENCORPORATED." " orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail:	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business	in Florida)	
Massachusetts	3.	(FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. March 7, 2006	5.			
(Date	4. March 7. 2006 (Date of incorporation) 5. (Date of duration, if other than perporation)			
6. N/A				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		·	
7. 177 Riverside Dri	ive, Northampton, MA 01062			
\ <u></u>	(Principal office	street address)		
	(Current mailing :	ddress, if different)	707	
8. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT_acceptable)	2021 11	
Name:	Carol Schroeder	_		
Office Address:	6774 Crescent Woods Cir	_	F: 15: 5	
	Lakeland	, Florida 33813	77 73 823	
	(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.

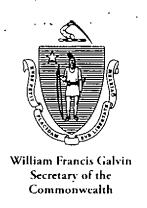
Carol Schweder
(Registered agent's signature)

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. DIŖĘCTOŖS	•				
☐ Chairman	Marc Warner Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Northampton, MA 01062	□Director			
President		□President			
■Vice President		□Vice President			
■ Secretary	■ Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		□Other	
	-		.,		
□ Chairman	Name:	□Chairman			
□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:	27	
	-				
	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		☐ President			
□Vice President		□Vice President			
Secretary	☐ Treaswer	☐ 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. Signature of Director or Officer					
<u> </u>	Signature of Dire	ctor or Officer	·		
	ctor signing this document (and who is listed in n				

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 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.

, Marc Wamer, President



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

Date: December 31, 2020

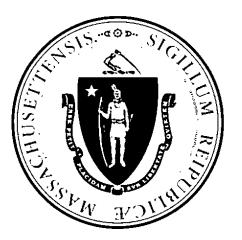
To Whom It May Concern:

Thereby certify that,

WARNER TRANSPORTATION CONSULTING, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on March 07, 2006.

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

William Travino Galecin

Certificate Number: 21010006060

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by; mas-