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K Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 628964 8265795

AUTHORIZATION : Sypelling

COST LIMIT : \$\(^70\)\-00

ORDER DATE: January 19, 2021

ORDER TIME : 9:06 AM

ORDER NO. : 628964-005

CUSTOMER NO: 8265795

FOREIGN FILINGS

NAME: TEIKAMETRICS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Teikametrics, Inc.				
SOBSECT.		of corporation	- must i	nclude suffix	
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to the component of the comp	e of Good Stan	ding" an	d check are sub	
Please return	all correspondence concern	ing this matter	to the fo	ollowing:	
		Name of	Person		
Corporation Se	ervice Company				
		Firm/Com	pany		
1201 Hays Str	ect				
		Addre	:\$5		
Tallahassee Flo	orida 32301				
		City/State as	nd Zip co	ode	
compliancema	il@cscglobal.com				
	E-mail addres	s: (to be used f	or future	annual report r	otification)
For further in	formation concerning this n	natter, please c	all:		
Name	e of Person	Area Code	_)	Daytime Telep	hone Number
Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	check for the following amorek payable to: FLORIDA Ding Fee	EPARTMENT Ig Fee &	\$78.75	TE Filing Fee & ed Copy	☐ \$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	O," "COMPANY," "CORPORATION,"				
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")					
(If name unavails	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bu	siness in Florida)			
Delaware	3	90-1504710				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	able)			
10/18/2018	5	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
280 Summer Stre	et Floor 9 Boston MA 02210					
	(Principal of	ffice street address)				
280 Summer Stre	eet Floor 9 Boston MA 02210					
	(Current mail	ing address, if different)				
			2021			
Name and stree	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	JA			
Name:	Corporation Service Company		¥ 2(
ffice Address:	1201 Hays Street		.)			
	Tallahassee	, Florida				
	(City)	(Zip code)	26			
Dagistared age	ent's acceptance:		01			
	ed as registered agent and to accept ser	vice of process for the above stated cor	rporation at the pla			
signated in this	application, I hereby accept the appoint	tment as registered agent and agree to	act in this capacity			
	omply with the provisions of all statutes with and accept the obligations of my p		erformance of my d			
u z um jumuur	una accept the obligations of my p					
C	Corporation Service Company	anda E. Holeman				
В	By:	Amendo Relinson Assistan Ase Prevident	_			
	(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. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address: 3 Roc Fall Road			
□Director	Wellesley MA 02482	□Director	Hingham MA 02043			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary	□Treasurer			
CEO	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman				
Director		□Director				
□President		□President				
		□Vice President				
Secretary	☐ Treasurer	Secretary				
□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			
	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departments	nt of State Annual Re				
Signature of Director or Officer						
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number lse information submitted in a document to the Departm					
13. Courtney Na	sh, Secretary					



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

DELAWARE, DO HEREBY CERTIFY "TEIKAMETRICS, 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 NINETEENTH DAY OF JANUARY, A.D.

2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEIKAMETRICS,

INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 202318181

Date: 01-19-21