721000000540

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| W2000013 13076 + Eer) |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|-----------------------|--|--|------------|
| SUBJECT: Ynsect Inc. | | | | |
| SUBJECT: | me of corporation - | must include suffix | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreig "Certificate of Existence," or "Certification above referenced foreign corporation | cate of Good Stand | ing" and check are submitt | usiness in Florida," ed to register the | |
| Please return all correspondence cond | erning this matter t | o the following: | | |
| Maeve Lawlor | | | | |
| | Name of Pe | erson | | |
| Ynsect Inc. | | <u>. </u> | | |
| | Firm/Comp | any | | |
| 185 Alewife Brook Parkway, Suite 210 | | | | ر |
| | Addres | S | | :33 :33 |
| Cambridge, MA 02138 | | | | ć |
| | City/State and | d Zip code | | , s |
| mlawlor@axeliapartners.com | | | | ٠. |
| E-mail add | dress: (to be used to | r future annual report notif | icanon) |) |
| For further information concerning this matter, please call: | | | `;; | |
| Maeve Lawlor | ,617 | 576-2005 | | ۲. |
| Name of Person | at (617 Area Code | Daytime Telephon | : Number | |
| STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | | MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL | on Frations | |
| | A DEPARTMENT | OF STATE \$78.75 Filing Fee & C Certified 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.

| 1. Ynsect Inc. | corporation; must include "INCORPORATED. | " "COMPANY" "CORPORATION" | - |
|---|--|---|-----------------|
| (Enter name of "Inc.," "Co.," " | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.") | COMPANT, CONTORATION, | |
| | | | |
| (If name unava | lable in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida) | • |
| 2. DE 3. 3 (State or country under the law of which it is incorporated) | | 38-4068694 | _ |
| (State or coun | try under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4. 02/20/2018 5 | | (Date of duration, if other than perpetual) | - |
| (Dat | e of incorporation) | (Date of duration, if other than perpetual) | |
| 6 | | | - |
| | (Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| 7 185 Alewife Bro | ook Parkway, Suite 210, Cambridge, MA 02138 | <u></u> | _ |
| /· | (Principal off | ice <u>street</u> address) | _ |
| | | | 70.71 |
| | (Current mailir | g address, if different) | ۲ |
| 9 Name and stre | ect address of Florida registered agent: (P.C |) Box NOT acceptable) | ~ |
| | CT Corporation System | | ;\ - 1 |
| Name: | | - | • |
| Office Address: | 1200 South Pine Island Road | | |
| | Plantation | , Florida 33324 (Zip code) | :1 |
| | (City) | (Zip code) | |
| 9 Registered as | gent's acceptance: | | |
| Having been nan | ned as registered agent and to accept servi | ce of process for the above stated corporation at the | nlace city I |
| further agree to d | comply with the provisions of all statutes r | nent as registered agent and agree to act in this capa elative to the proper and complete performance of m | y duties, |
| and I am familia | r with and accept the obligations of my po | sition as registered agent. | |
| | e-1 | | |
| | SHAMAN MC/SOURI | gnature) Sherry McGinnes, Assistant Secretary | |
| _ | (Registered agent's si | gnature) Sherry McGinnes, Assistant Secretary | |

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: | | |
| Director | Evry 91058, France | □Director | Evry 91058, France | | |
| President | | President | | | |
| □Vice President | | □Vice President | | | |
| Secretary | □Treasurer | ☐ Secretary | च Tre: | ışurer | |
| Other | Other | □Other | □Oth | er | |
| □ Chairman | Name: Alexandra Suhas | □Chairman | Name: | | |
| □Vice Chairman | 185 Alewife Brook Parkway | □Vice Chairman | Address: | | |
| Director | Suite 210 | □Director | | | |
| □President | Cambridge, MA 02138 | □President | | | |
| □Vice President | | □Vice President | | 2121 | |
| ☐ Secretary | ☐ Treasurer | Secretary | □Tre | asurer 📜 | |
| | Other | Other | D0th | er | |
| | | | | ·· • • • • | |
| □Chairman | Name: | □ Chairman | Name: | *:1 | |
| □Vice Chairman | Address: | ☐ Vice Chairman | Address: | <u> </u> | |
| □Director | | Director | | | |
| □President | | □President | | | |
| □ Vice President | | □Vice President | | | |
| □Secretary | ☐Treasurer | Secretary | □ Tre | asurer | |
| Other | Other | Other | Dot | ner | |
| Important Notice; individuals may b | Use an attachment to report more than six (6). The attended to the index when filing your Florida Departs Signature of Director | nent of State Annual R | ed for reporting purposes eport form. | only. Non-indexed | |
| she is aware that f | ector signing this document (and who is listed in num) also information submitted in a document to the Depa | oer 11 above) affirms t | hat the facts stated herein utes a third degree felony | are true and that he or as provided for in | |
| s.817,155, F.S. Antoine Hu | bert, President | | | | |
| 13. | | | `` | | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "YNSECT 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 THIRTIETH DAY OF DECEMBER, A.D. 2020.

2021 J. 122 F. 11.11

Authentication: 204444297

Date: 12-30-20

6762908 8300 SR# 20208529405



NOV 30 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2020

MAEVE LAWLOR 185 ALEWIFE BROOK PKWY STE 210 CAMBRIDGE, MA 02138 US

SUBJECT: YNSECT INC. Ref. Number: W20000134307

We have received your document for YNSECT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 520A00023610

RECEIVED
JAN 2 2 2021