F 21000001086

(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
rtified Copies Certificates of Status	_			
Special Instructions to Filing Officer				
	┙			

Office Use Only



100360440961

23 23 PH 2:

535/h

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/23/2021

NAME: FINANCEBOSTON 2 INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

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.

FINANCEBOS			
(Enter name of co "Inc.," "Co.," "Co.	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
/IC name unavaile	able in Florida, enter alternate corporate name ado		i el
Massachusetts	·		
4/16/2020	y under the law of which it is incorporated)		
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
upon qualification			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 treet, 10th Floor, Boston, MA 02116	, F.S., to determine penalty liability)	
	(Principal C	office address)	•.,
	(Current mailing a	ddress, if different)	
Name and stree	at address of Florida registered agent: (P.O. E	Box NOT acceptable)	
Name:	Registered Agent Solutions, Inc.		
fice Address:	155 Office Plaza Dr., Suite A	-	(.)
	Tallahasee	32301 , Florida	
	(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 luties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to be Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ider the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Address: ____ Vice Chairman: Address: Fergal Woods Director: 699 Boylston Street, 10th Floor, Boston, MA 02116 Address: Douglas Landry Director: 699 Boylston Street, 10th Floor, Boston, MA 02116 Address: _ B. OFFICERS Fergal Woods President: 699 Boylston Street, 10th Floor, Boston, MA 02116 Address: _ Fergal Woods Secretary: 699 Boylston Street, 10th Floor, Boston, MA 02116 Address: Fergal Woods Treasurer: 699 Boylston Street, 10th Floor, Boston, MA 02116 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. /s/ Douglas Landry Signature of Director or Officer 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 or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Douglas Landry, Director

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: February 19, 2021

To Whom It May Concern:

I hereby certify that according to the records of this office,

FINANCEBOSTON 2 INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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 Travin Galicin

Certificate Number: 21020511190

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

Processed by: NMa