

F210000001119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

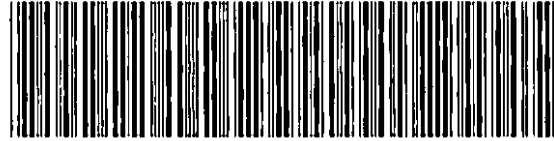
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



200360718582

FILED

2021 FEB 25 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FL

2

2021 FEB 25 PM 2:17

*[Handwritten signature]*

**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: 2/25/2021**

**NAME: ROBIN POWERED, INC**

**TYPE OF FILING: APPLICATION**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

**FILED**  
**2021 FEB 25 PM 4:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

---

**ACCOUNT: FCA000000015**

**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.*

1. Robin Powered, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/12/2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11 Farnsworth Street, Fl. 1-2, Boston, MA 02210  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

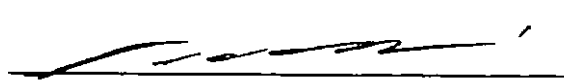
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TRAC - The Registered Agent Company

Office Address: 236 E. 6th Avenue  
Tallahassee, Florida 32303  
(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.*

 Asst. Secretary  
(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.

FILED  
2021 FEB 25 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \*please see attached addendum listing all officers and directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

FILED  
2021 FEB 25 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

**B. OFFICERS**

President: \*please see attached addendum listing all officers and directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

/s/ John O'Donnell

\_\_\_\_\_  
Signature of Director or Officer

\_\_\_\_\_  
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 first degree felony as provided for in s.817.155, F.S.

John O'Donnell as CFO

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

**ROBIN POWERED, INC.**  
**OFFICERS AND DIRECTORS**

<b>NAME</b>	<b>TITLE</b>	<b>ADDRESS</b>
SAMUEL DUNN	PRESIDENT, CEO, DIRECTOR	11 FARNSWORTH STREET, FL. 1-2 BOSTON, MA 02210
JOHN O'DONNELL	TREASURER, SECRETARY, CFO	11 FARNSWORTH STREET, FL. 1-2 BOSTON, MA 02210
BRIAN C. MUSE	DIRECTOR	11 FARNSWORTH STREET, FL. 1-2 BOSTON, MA 02210
AMISH JANI	DIRECTOR	11 FARNSWORTH STREET, FL. 1-2 BOSTON, MA 02210
AARON FLEISHMAN	DIRECTOR	11 FARNSWORTH STREET, FL. 1-2 BOSTON, MA 02210

**FILED**  
2021 FEB 25 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROBIN POWERED, 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-FIFTH 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 "ROBIN POWERED, INC." WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2014.

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

FILED  
2021 FEB 25 PM 4:41  
SECRETARY OF STATE  
JAMES H. COOPER, JR.  
TALLAHASSEE, FL



  
Jeffrey W. Bullock, Secretary of State

5474114 8300

SR# 20210218368

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202363471

Date: 01-25-21