5/24/2021



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(((H21000207477 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION

Resupply, Inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

Resupply, Inc.			
(Enter name of co	orporation: must include "INCORPORATED," " orp," "Inc," "Co," or "Corp ")	COMPANY," "CORPORATI	ON,"
(If name unavaila	able in Florida, enter alternate corporate name ad-	opted for the purpose of transac	ting business in Florida)
Delaware	3	5-1933421	
(State or country	y under the law of which it is incorporated)	(FEI number, if	• •
(Date	of incorporation) 5.	(Date of duration, if oth	ner than perpetual t
423 W Broadway	Suite 300 Boston MA 02127 (Principal	office address)	-)
Name and draw	(Current mailing t address of Florida registered agent: (P.O.	address, if different)	
Name:	CT Corporation System	box <u>NOT</u> acceptable)	
ffice Address:	1200 South Pine Island Road		
	Plantation,	33324 Florida	
	(City)	, Florida(Zip code)	
aving been name signated in this orther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rela amiliar with and accept the obligations of n C T Corporation System	nt as registered agent and a utive to the proper and com	igree to act in this capac plete performance of my
Ву		Jumin Kall	
	(Registered age	nt'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.

To 18506176383 Page: 4 of 5 2021-05-24 13:09:07 CST 16144554862 From: James Tanks III

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

A. DIRECTORS
Chairman:
Address:
Guy Fillipelli Director :
423 W Broadway Suite 300 Boston MA 02127 Address:
Paul Tocci Director:
423 W Broadway Suite 300 Boston MA 02127 Address:
Henry Helgeson Director:
423 W Broadway Suite 300 Boston MA 02127 Address:
B. OFFICERS
Paul Tocci President.
423 W Broadway Suite 300 Boston MA 02127 Address:
Vice President:
Address:
Paul Tocci Secretary
423 W Broadway Suite 300 Boston MA 02127 Address:
Kristian Marquez Treasurer:
423 W Broadway Suite 300 Boston MA 02127 Address.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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.
13 Kristian Marquez, CFO

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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RESUPPLY, 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-FOURTH DAY OF MAY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203275651

Date: 05-24-21