(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)
Special Instructions to Filing Officer:	(Document Number)
	Certified Copies Certificates of Status
1,101-795910	Special Instructions to Filing Officer:
1,101-795910	
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Office Use Only



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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	06/01/2021	711
		Acc#I20160000072	wil DW
Name:	THE DAVI	S COMPANIES, INC.	
Document #:	_		
Order #:	13702914		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Availability Document Examiner	Certified Plain: COGS:		
Updater Verifier W.P. Verifier Ref#		Thank you!	

COVER LETTER

	tration Section				
	The Davis Co	mpanies Inc			
SUBJECT:		Name of co	orporation -	must include suffix	
Dear Sir or M					
"Certificate o	f Existence,"	by Foreign Corpo or "Certificate of o orporation to trans	Good Stand	uthorization to Transact ing" and check are subm s in Florida.	Business in Florida," itted to register the
Please return Jill Cosgrove I		dence concerning (his matter t	o the following:	
			Name of P	erson	
The Davis Cor	npanies Inc				
			Firm/Comp	any	
241 Boston Po	st Rd West Ist	FI	·		
	•		Addres		
Marlborough,	MA 01752				
		C	ity/State and	i Zip code	
jeosgrove@da					
		E-mail address: (to	be used for	r future annual report no	tification)
For further in	formation co	ncerning this matte	er, please ca	li:	
Jill Cosgrove l	Danksewicz	ot (508	305 6149	
Nam	e of Person	at (Area Code	Daytime Telepho	one Number
Regis Divis Clifto 2661	EET/COURI stration Section ion of Corpo on Building Executive Co hassee, FL 3	rations enter Circle		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a	check for the	following amoun	t:		
□ \$70.00 Fi	ling Fee C	3 \$78.75 Filing For Certificate of S		\$78.75 Filing Fee & 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.

The Davis Comp	oanies Inc			_
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	•	
The Davis Comp	oanies Inc of Massachusetts			
(If name unavaila	ble in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Flu	rida)
Massachusetts	3.	043181433		
(State or country	under the law of which it is incorporated)	(FEI number, if appl	icable)	
02/25/1993	Ε	perpetual		
(Date	of incorporation)	(Date of duration, if other th	aan perpetual)	
241 Boston Post I	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Rd West 1st Fl, Marlborough, MA 01752 (Principa	Florida, if prior to registration) 12, F.S., to determine penalty liability I office address)	·)	
	(Current mailing	address, if different)		202
	et address of Florida registered agent: (P.O. C T Corporation System	Box NOT acceptable)	, *·	2021 JUH - I
Name:	1200 South Pinc Island Road	-		25
Office Address:	Plantation,	33324 , Florida	p .	င်ာ
	(City)	(Zip code)	•	34

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.

C T Corporation System

by Sandra Zwijack, Assistant 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Robert Davis Chairman: 241 Boston Post Rd W 1st Fl, Marlborough, MA 01752 Address: ___ Vice Chairman: Address: __ Director: _ Director: __ B. OFFICERS Robert Davis President: Robert Davis Vice President: 241 Boston Post Rd W 1st Fl, Marlborough, MA 01752 Address: Robert Davis Secretary: 241 Boston Post Rd W. Ist FI, Marlborough, MA 01752 Address: _ Robert Davis Treasurer: 241 Boston Post Rd W 1st Fl, Marlborough, MA 01752 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.

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

Robert Davis C,EC) / C, CitCix



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

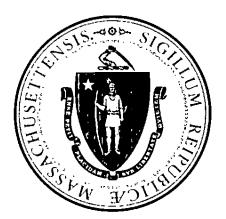
Date: May 28, 2021

To Whom It May Concern:

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

THE DAVIS COMPANIES, 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 Galetin

Certificate Number: 21050681070

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

Processed by: NMa