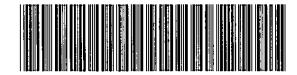
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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified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



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2021 ASS - 5 PM 2: 21

AUG -9 2021 M. SOLOMON

COVER LETTER

| | tration Section ion of Corporations | | | | | |
|---------------------------------|--|---|--|---|--|--|
| SUBJECT: | Tageos, Inc. | | | | | |
| oobune ii | | Name of corporation - must include suffix | | | | |
| Dear Sir or M | adam: | | | | | |
| "Certificate o | "Application by Foreign Co of Existence," or "Certificate need foreign corporation to to | of Good Stan | ding" and check are sub | ct Business in Florida," omitted to register the | | |
| Please return | all correspondence concerni | ing this matter | to the following: | | | |
| Shazaib Maqso | ood | | | | | |
| | | Name of | Person | | | |
| Axelia Partners | 5 | | | | | |
| | | Firm/Com | ралу | | | |
| 185 Alewife Br | rook Parkway Suite 210 | | | | | |
| | | Addre | ess | - | | |
| Cambridge | | | | | | |
| | | City/State at | nd Zip code | | | |
| smaqsood@ax | elia partners.com | | | | | |
| | E-mail address | s: (to be used f | or future annual report r | notification) | | |
| For further in | formation concerning this m | atter, please c | all: | | | |
| Shazaih Maqso | nod | at (<u>617</u> | 576-2005 | | | |
| Nam | e of Person | Area Cod | | hone Number | | |
| Regis Divis The C 2415 | EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303 | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 | | |
| | check for the following amo eck payable to: FLORIDA DE ing Fee | PARTMENT g Fee & 🛘 🖺 | OF STATE \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status & Certified Copy | | |

2021 AUG -6 PH 2:2

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.

| (If name unavaik | ble in Florida, enter | alternate corporate na | me adopted for the | purpose of tra | ansacting husiness in Florida |) |
|--|---|--|--|---|--|--------------|
| | | | 46 2757116 | | | |
| (State or countr | under the law of wh | nich it is incorporated) | ··· | (FEI numi | per, if applicable) | |
| 12/23/2014 | | | | | | |
| (Date | of incorporation) | | (Date | (Date of duration, if other than perpetual) | | |
| | (Date (SEE SECT | first transacted busine FIONS 607.1501 & 60 | ss in Florida, if pri 7.1502, F.S., to de | ior to registrati termine penal | on) Ity liability) | |
| 85 Alewife Bma | k Parkway Suite | 210 | Cambridge, | MA | 02138 | . |
| - | | (Principal | office <u>street</u> addr | ષ્ટડ) | | |
| | | | | | | _ = |
| | | (Current ma | ailing address, if d | lifferent) | | |
| | an an | | ጥ ለ ይልዩ አነሳፕ | accentable) | | |
| Name and stre | | la registered agent: (| r.O. Box <u>NO1</u> | acceptatore | | 7150 |
| Name: | CT Corporation | System | | | | 170 |
| fice Address: | 1200 South Pine I | sland Road | | | | 33 |
| | Plantation | | Floric | 33324 | | Ęr∗. |
| | | 1.671 | | (Zip code | 2) | |
| | | (City) | | | | |
| | | | | | | |
| Registered aş | ent's acceptance: | - aut and to accept s | ervice of proces | s for the abo | ve stated corporation at t | he place |
| Registered as | ned as registered a | igent and to accept s | | | ove stated corporation at t and agree to act in this co | |
| Registered us aving been nati signated in this | ned as registered a application, I her comply with the nr | igent and to accept s | uniment as regul tes relative to the | mercu agem e proper and | complete performance o | |

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| | -; ! | |
|---|---------|---|
| | _ | |
| j | | • |
| Ī | T | ? |
| ζ | _ | |

| A. DIRECTORS | | | Marchi | au Dicon | | |
|---|--|--|--|---|-----------------------------|-----------|
| □Chairman | Matthieu Picon Name: Chainnan | | Matthieu Picon Name: 185 Alewife Brook Parkway | | | |
| □Vice Chainnan | 185 Alewife Brook Parkway Address: | □Vice Chairman | | | | |
| Director | Suite 210 | Director | Suite 210 | | | — |
| President Cambridge, MA 02138 | | □President | Cambridge, MA 02138 | | | |
| □Vice President_ | | □Vice President | | | | |
| □ Secretary | Treasurer | Secretary | | Treasurer | | |
| □Other | Other | □Other | | □Other | | |
| | Matthieu Picon | □Chainnan | Suma | | | |
| □Chairman | Name 185 Alewife Brook Parkway | □Vice Chairman | | | | |
| | Address: | | Audicss | | | |
| Director | Cambridge, MA 02138 | Director | | | ;>; | - (1) |
| □President | Cariologe, NIX 02130 | □President | | | | ^_ .p. |
| □ Vice President_ | | □Vice President | _ _ | | ン、 | € |
| Secretary | □Treasurer | ☐ Secretary | | Treasurer | ; | ď |
| Other | Other | Other | | Other | '1 | |
| | | | | | 100 M | Ņ |
| □ Chairman | Name: | □Chainnan | Name: | | <u> इति</u> | |
| □Vice Chainnan | Address: | □Vice Chairman | Address: | | | |
| Director | | Director | | | | |
| □President | | □President | | _ | | |
| □Vice President_ | | □Vice President | | | | |
| □Secretary | □Treasurer | Secretary | | ☐Treasurer | | |
| Other | Other | □Other | | □Other | | |
| individua k may b | Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of the six | nent of State Annual Re | eport form. | | n-indexed | |
| 12 | Signature of Director | or Officer | | | | |
| The officer or dire she is a ware that fa s 817 155, F.S. | ctor signing this document (and who is listed in numb alse information submitted in a document to the Depar | per II above) a ffirms t riment of State constitu | hatthe facts stat utes a third degre | ed herein are true se felony as prov | : and that l ided for in | ne or |

MATTHIEU PICON - PRESIDENT

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TAGEOS, 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 FIFTEENTH DAY OF JUNE, 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 "TAGEOS, INC."
WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2013.

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

Authentication: 203452559

Date: 06-15-21

Letter Number: 821A00016602



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2021

SHAZAIB MAQSOOD AXELIA PARTNERS 185 ALEWIFE BROOK PARKWAY, SUITE 210 CAMBRIDGE, MA 02138

SUBJECT: TAGEOS, INC. Ref. Number: W21000102205

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

No titles listed for the Director.

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

Mel Solomon Senior Section Administrator

RECEIVED