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Division of Corporations

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Florida Department of State
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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
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FILED
21 SEP 13 PM 2:33
STATE OF FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Locus Robotics Corp.

2021 SEP 13 AM 10:17
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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TH
9/14/21

DocuSign Envelope ID: 2B627E59-49A5-41C1-808E-69B125725E21

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. Locus Robotics Corp. (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. 05/28/2015 5. Perpetual (Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 301 Ballardvale St Suite 1, Wilmington, MA 01887 (Principal office address)

same (Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

FILED SEP 13 PM 2:33

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: [Signature] (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.

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman John Hayes

Address: 301 Ballardvale St Suite 1
Wilmington, MA 01887

Vice Chairman: _____

Address: _____

Director: Mike Johnson

Address: 301 Ballardvale St Suite 1
Wilmington, MA 01887

Director: Chris Gafney

Address: 301 Ballardvale St Suite 1
Wilmington, MA 01887

B. OFFICERS *SEE ATTACHMENT*

President: Mike Johnson

Address: 301 Ballardvale St Suite 1
Wilmington, MA 01887

Vice President: _____

Address: _____

Secretary: Jerome Griffin

Address: 301 Ballardvale St Suite 1, Wilmington, MA 01887

Treasurer: Dustin Pederson

Address: 301 Ballardvale St Suite 1, Wilmington, MA 01887

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

12. Dustin Pederson
DocuSigned by:
457EE24463894A0
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. Dustin Pederson

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

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**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|----------------------------|
| 1 | Full Name: | Rick Faulk |
| | Officer/Director: | Officer |
| | Officer's Title: | CEO |
| | Director's Title: | |
| | Business Address: | 301 Ballardvale St Suite 1 |
| | City: | Wilmington |
| | State: | MA |
| | ZIP Code: | 01887 |
| 2 | Full Name: | Rory O'Driscoll |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Other Director |
| | Business Address: | 301 Ballardvale St Suite 1 |
| | City: | Wilmington |
| | State: | MA |
| | ZIP Code: | 01887 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOCUS ROBOTICS CORP." 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 TENTH DAY OF SEPTEMBER, 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.

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

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Date: 09-10-21