(Requestor's Name)	
(Address)	
	100373810751
(Address)	03/24/2101010010 **70.00
(City/State/Zip/Phone #)	-
(Business Entity Name)	_
(Business Entity Name) (Document Number)	_
(Document Number)	
(Document Number)	
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	

SEP 3.0 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Kayentis Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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,

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shazaib Maqsood

	Name c	of Person	
Axelia Partners			
	Firm/Co	ompany	
185 Alewife Brook Parkway Suite 210			
	Ad	dress	n.,
Cambridge, MA 02138			
	City/State	and Zip code	
smaqsood@axeliapartners.com	·		
	ddress: (to be use	d for future annual repor	rt notification)
For further information concerning			
Shazaib Maqsood	at ()	
Name of Person	Area C	ode Daytime Tel	ephone Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		Registration Division of P.O. Box 6	Corporations
	ng amount: IDA DEPARTME 5 Filing Fee & ficate of Status	NT OF STATE S78.75 Filing Fee & Certified Copy	2 S87.50 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.

Kayentis Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")

Delaware		3. 32	2-0555767
(State or countr	y under the law of which it i	is incorporated)	(FEI number, if applicable)
02/02/2018		5.	
(Date	of incorporation)	**	(Date of duration, if other than perpetual)
			orida, if prior to registration) .F.S., to determine penalty liability)
86 South Street,	4th Floor, Suite 402	Boston, MA 02	111
		(Principal office	street address)
185 Alewife Broa	ok Parkway, Suite 210	Cambridge, MA	02138
		(Current mailing a	ddress, if different)
Nome and stree	t address of Florida regis	tered agent: (P.O. B	ox <u>NOT</u> acceptable)
Name:	C T Corporation System		_
fice Address:	1200 South Pine Island R	load	_
	Plantation		, Florida 33324
	(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.

Lisa D. DuBois, Assistant Secretary	Lui DAS
(D	

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

2021 SEP 24 PH 2:

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Λ.	DIREC	FORS
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Guillaume Juge		Chairman	Name:				
□Chairman	Name:		185 Alewife Brook Parkway			;	
□Vice Chairman	Address:	🗋 Vice Chairman	Suite 210				
Director	Suite 210	Director	Cambridge, MA 02138				
🖬 President	Cambridge, MA 02138	President	Cambridge, N	AA 02138			
⊡Vice President		□Vice President					
Secretary	Treasurer	Secretary		Treasurer			
00ther	CiOther	□Other		□Other			
□Chairman	Guillaume Juge Name:	□Chairman	Name:				
	Address:	□Vice Chairman	Address:				
	Suite 210	Director		·			
	Cambridge, MA 02138	President	<u> </u>	 			
⊡Vice President		□Vice President				<u></u>	
Secretary	Treasurer	Secretary		□Treasurer			
01her		⊡Other		Other	r=	2021	
					· · · · ·	SEb	
□ Chairman	Name:	□ Chairman	Name:			5.	
□Vice Chairman	Address:	□Vice Chairman	Address:		"!: <u></u>	-TV	
Director		Director			- <u>1</u> -	$\frac{N}{N}$	
President			<u> </u>	<u> </u>		ŭ	
⊡Vice President		□Vice President					
	Treasurer	Secretary		□Treasure	r		
DOther		□Other		[]Other	.	, ,	

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Important Notice: Use an attachment to report more than six-(6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Forida Department of State Annual Report form.

Signature of Director or Officer 12 _

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) 13. ____



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAYENTIS 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 FOURTEENTH 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 "KAYENTIS INC." WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2018.

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



Jatinay W. Budicch, Secretary of State

Authentication: 203443507 Date: 06-14-21

6739150 8300

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SR# 20212439336 You may verify this certificate online at corp.delaware.gov/authver.shtml