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To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)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 1	Address:		
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FOREIGN PROFIT/NONPROFIT CORPORATION

Abramson & Associates, Inc.

PM 12: 40	. Ft 0Ptij.
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1/1

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.

(Enter nume of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
Abramson & A	ssociates, Inc. of Massachusetts	
(If name unavails	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business in Florida)
Massachusetts	3	043332339
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)
October 10, 199 4.	· ·	
(Date	of incorporation)	(Date of duration, if other than perpetual)
July 6, 2021 5.		
7	ret. Newton, MA 02465 (Principa	l office address)
	(Current mailing	Box NOT acceptable) The state of the state
R. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pinc Island Road	
	Plantation,	. Florida 33324
	(City)	(Zip code)
designated in this further agree to ci	(City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	, Florida
_	- · · · · · · · · · · · · · · · · · · ·	

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.

(Registered agent's signature)

/s/ Eric Jensen - Assistant Secretary

By:

To: +18506176383

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

	Barry M. Abramson
	113 Chestriut Street, Newton, MA 02465
_	
	Barry M. Abramson rinan:
Address:	113 Chestnut Street, Newton, MA 02465
-	Barry M. Abrainson
	113 Chestnut Street, Newton, MA 02465
Director:	
Address:	
3. OFFI	
	Barry M. Abramson 113 Chestinu Street, Newton, MA 02465
Address: _	115 Chesante Steet, Newton, 1974 (724)(5)
/ice Presid	dent:
-	Barry M. Abramson
ecretary:	113 Chestnut Street, Newton, MA 02465
(ddress: _	Barry M. Abramson
reasurer:	113 Chesiniu Street, Newton, MA 02465
\ddress: _ SOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
	erry M. Abramson
The office re true ar	Signature of Director or Officer or of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s 817.155, F.S.
3. Barry	M. Abramson, President
	(Typed or printed name and capacity of person signing application)

To: +18506176383 Page: 6 of 6 2021-09-30 10:22 43 CST 12122023573 From Kimberly Laughrey



The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

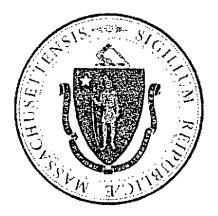
Date: September 28, 2021

To Whom It May Concern:

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

ABRAMSON & ASSOCIATES, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156L) 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

Travers Glelin

Certificate Number: 21090646620

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

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