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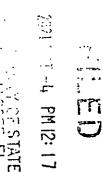
(Re	equestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMPION, PBC INC	· ·
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
	of Person
AMPION, PBC	
	Company
31 ST JAMES AVE , SUIT	E 355
BOSTON, MA 02116	ddress
	te and Zip code
ACCOUNTING@AMPION.N	
E-man address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
JESS WILLARD at 978	3 , 501 0095
Name of Person Area (
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMI \$ \$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unavailable in	Florida, enter alternate corporate name Colored 3.		business in Florida)
2. Elorida (State or country under	-laware		, • == , ,
(State or country unde	1900 A1 C	81 -4987586	
. 1/1/2017	er the law of which it is incorporated)	(FEI number, if app	dicable)
₩.	5.		
(Date of inc	corporation)	(Date of duration, if other th	nan perpetual)
5	(Date first transacted business is	n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability	
, 31 ST JAMI	ES AVENUE SUITE	. 355 , BOSTON, M	A 02116
	(Principal off	ice <u>street</u> address)	
	(Current maili	ng address, if different)	
	(,	2021
3. Name and street add	ress of Florida registered agent: (P.G	O. Box NOT acceptable)	
Name: R	egistered Agents In	<u>C.</u>	
Office Address: 7	901 4th St N STE 30	00	2021 (1017 - 14 PM 12: 17 2021 (1017 - 14 PM 12: 17
	t. Petersburg	, Florida 33702	M 12: 1
<u></u>	(City)	(Zip code)	TE 17
9. Registered agent's	accentance.		
Having been named as designated in this appli further agree to comply	registered agent and to accept serve ication, I hereby accept the appoint by with the provisions of all statutes to and accept the obligations of my po	ment as registered agent and agre- relative to the proper and complete	e to act in this capacity.

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)

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.

JESS WILLARD

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

DELAWARE, DO HEREBY CERTIFY "AMPION, PBC" 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

at corp.delaware.gov/aut

Authentication: 204227444

Date: 09-22-21