# 721000006355

(Requestor's Name)							
(Address)							
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#### **COVER LETTER**

SUBJ	ECT: Topline Strategy Group	o, Inc		
	1	lame of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Forei icate of Existence," or "Certi referenced foreign corporation	ficate of Good Stand	ing" and check are sub	
Please	return all correspondence co	ncerning this matter	to the following:	
Louise	Martineau			3
		Name of F	erson	1321
Topline	e Strategy Group, Inc.			1921 HOY - 1 Pi h: 110
		Firm/Comp	bany	
300 Wa	ashington Street, Suite 311			P
		Addre	SS S	
Newtor	1, MA 02458			
	<del></del> -	City/State an	d Zip code	
louise@	Otoplinestrategy.com			
	E-mail a	ddress: (to be used fo	or future annual report r	notification)
For fur	ther information concerning	this matter, please ca	ıll:	
Louise	Martineau	at ( <sup>603</sup>	498-8282	
	Name of Person	Area Code	Daytime Telep	hone Number
	STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please r	ed is a check for the followir make check payable to: FLORI 1.00 Filing Fee	DA DEPARTMENT	OF STATE \$78.75 Filing Fee &	☐ \$87.50 Filing Fee, Certificate of State

## 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.

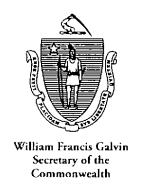
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)		
Massachusetts	husetts 72-1592573			
(State or count	try under the law of which it is incorporated) 3. (FEI number, if applicable (FEI number) (FEI n			
January 31, 200	5 ,			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Principal o	ffice street address)		
	(Current mail	ling address, if different)		
		ing address, if different)  O. Box NOT acceptable)		
Name and stre	et address of Florida registered agent: (P	1		
Name and stre	Dylan Moring	1		
Name:				
	Dylan Moring  46A Fullerwood Drive	. Florida 32084		

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.

Dylan Moring
(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.

A. DIRECTORS	1					
□Chairman	Jonathan Klein Name:	□Chairman	Name:			
□Vice Chairman	Address: 5 Forest Street	□ Vice Chairman	Address:			
□Director	Newton, MA 02461	□Director				
■ President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		□Treasur	ег	
□Other	Other	□Other		□Other _		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasur	er	
□Other		□Other		□Other _		
					2021	
□ Chairman	Name:	□Chairman	Name:	 	- <u>25</u>	4
□Vice Chairman	Address:	□Vice Chairman				711
□Director		□Director			P	
□President		□President		<u> </u>	<del>-                                    </del>	L sun <sup>af</sup>
□Vice President		□Vice President			ço E	
□Secretary	□Treasurer	□Secretary		□Treasure	2r	
□Other	Other	□Other		Other_		
Important Notice: Uindividuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departr	ttachment will be imaged ment of State Annual Rep	I for reporting port form.	ourposes only.	. Non-ind	lexed
12	4	<u></u> :				
she is aware that fa s.817.155, F.S.	stor signing this document (and who is listed in numbles information submitted in a document to the Department of the De	ber 11 above) affirms the artment of State constitut	at the facts state es a third degre	ed herein are to be felony as pr	rue and ti rovided f	hat he or or in
	(Typed or printed name and capacity of per					



### The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: August 11, 2021

To Whom It May Concern:

I hereby certify that,

#### THE TOPLINE STRATEGY GROUP INC.

ppears by the records of this office to have bee.

Commonwealth on January 31, 2005.

I also certify that so far as appears of record here, said corporation still has legal existences 127 HOV 1 PH 4: 48

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number; 21080269510

Verify this Certificate at: http://eorp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: NMa