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(Re	equestor's Name)	
(Ac	ddress)	<del></del>
(Ac	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. FRANKLIN NOV 1 6 2021



## COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Cluepoints Inc.				
	Name	e of corporation	- must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign C f Existence," or "Certification to feed foreign corporation to	te of Good Stand	ding" and check are sub	t Business in Florid mitted to register the	la," e
Please return	all correspondence concer	ning this matter	to the following:		
Shazaib Maqso	boo				
		Name of I	Person		<del></del>
Axelia Partner	S				
		Firm/Com	pany		
185 Alewife B	rook Parkway Suite	210		; · 🕞	<u>a</u>
		Addre	SS	75.	5
Cambridge, M.	A 02138				نسبه ک <sup>ی</sup> مسیر
		City/State ar	nd Zip code	7	<del> </del>
smaqsood@ax	eliapartners.com			<u> </u>	3 5
	E-mail addre	ss: (to be used f	or future annual report r	ان مین (lotification	PH 5: 14
For further in	formation concerning this	matter, please c	all:	الماريخ	#
Shazaib Maqso	boo	_ at (	576-2005		
Nam	e of Person	Area Code	Daytime Telep	hone Number	
Regis Divis The C 2415	EET/COURIER ADDRE stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following an neck payable to: FLORIDA I ing Fee	DEPARTMENT ing Fee &	<b>OF STATE</b> 3 \$78.75 Filing Fee &  Certified Copy	S87.50 Filing Certificate of Certified Cop	Status &

## 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 unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transacting by	isiness in Florida)
Dataman	46	.1363110	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
(Date of incorporation) 5		(Date of duration, if other than perpetual)	
			<u></u>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
1000 Continental	Drive, Suite 240 King of Prussia PA 19406	, <u></u>	
·	(Principal office	street address)	
185 Alewife Bro	ok Parkway, #210 Cambridge, MA 02138		
	(Current mailing a	ddress, if different)	_
		Nor normalis	BEINON -8
	et address of Florida registered agent: (P.O. I CT Corporation System	sox <u>NOT</u> acceptable)	<b>1 2</b>
. Name and stree	V. I. COMORATION SYSTEM		至江上
Name and <u>stree</u> Name:		<del></del>	روخي و
Name:	1200 South Pine Island Road	<del>-</del>	8 PK
Name:			ANSSEC.
Name:	1200 South Pine Island Road	Florida 33324(Zip code)	B PH 5: 14
Name: Office Address:	1200 South Pine Island Road  Plantation  (City)		B PM 5: 14
Name:  Office Address:  Registered agnering been name	Plantation  (City)  ent's acceptance:  ned as registered agent and to accept service	(Zip code)  of process for the above stated co	PA 5: F
Name:  Office Address:  Registered agilaving been namesignated in this	Plantation  (City)  ent's acceptance:  ied as registered agent and to accept service application, I hereby accept the appointment	(Zip code) of process for the above stated contains a registered agent and agree to	rporation at the act in this capa
Name:  Office Address:  Registered agraving been namesignated in this arther agree to c	Plantation  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives.	(Zip code) of process for the above stated contained agree to the proper and complete p	rporation at the act in this capa
Name:  Office Address:  Registered agilaving been namesignated in this wither agree to c	Plantation  (City)  ent's acceptance:  ied as registered agent and to accept service application, I hereby accept the appointment	(Zip code) of process for the above stated contained agree to the proper and complete p	rporation at the act in this capa
Name:  Office Address:  Registered agilaving been namilesignated in this	Plantation  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives.	(Zip code) of process for the above stated contained agree to the proper and complete p	rporation at the act in this capa

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
Chairman	Marc Buyse Name:	□Chairman	Name: Al Sokol			
□Vice Chairman	Address:	□Vice Chairman	Address: 185	Address:Alewife Brook Parkway		
Director	Suite 210	□Director	Suite 210			
■ President	Cambridge, MA 02138	□President	Cambridge, M	1A 02138		
□Vice President		□Vice President				
Secretary	☐ Freasurer	■ Secretary		□Treasurer		
□Other	Other	□ Other		□Other		
	Marc Buyse					
□ Chairman	Name: Marc Buyse	□Chairman	Name:	<del>-</del>		
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Suite 210	□Director		<del>-</del>		
□President	Cambridge, MA 02138	□President				
□Vice President		□Vice President				
Secretary	<b>□</b> Treusurer	☐ Secretary		☐Treasurer		
□Other	Other	Other		□Other		
				NOV T		
□Chairman	Name:	□Chairman	Name:	D.7. 00 1		
□Vice Chairman	Address:	□Vice Chairman	Address:	CO TO		
□Director		Director		i i		
□President		□President				
□Vice President		□Vice President	<del> </del>			
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer		
□Other	Other	Other		□Other		
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department	nt of State Annual Re	ed for reporting peport form.	purposes only. Non-indexed		
12.	Signature of Director o	<u> </u>				
<del></del>	Signatulre of Director o	or Officer				
The officer or dire she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart	ment of State constitu	ates a third degre	ee felony as provided for in		
13.	(Typed or printed name and capacity of pers	re-				
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of pers	on signing application	1)	<del></del>		

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLUEPOINTS 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 TWENTY-NINTH DAY OF OCTOBER, 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 "CLUEPOINTS INC."

WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2012.

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





Authentication: 204554655

Date: 10-29-21

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