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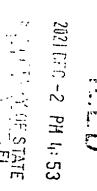
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COVER LETTER

| | tration Section on of Corporations | | | |
|--|--|---------------------|---|--|
| SUBJECT: | Sustainable Coastal Solutions | , Inc. | | |
| | Name o | of corporation - | must include suffix | |
| Dear Sir or M | adam: | | | |
| "Certificate of | "Application by Foreign Co Existence," or "Certificate ced foreign corporation to tr | of Good Standi | ng" and check are subn | |
| Please return | all correspondence concerni | ng this matter to | the following: | |
| John S. Ramse | y | | | |
| <u>. </u> | , | Name of Po | erson | |
| Sustainable Co | astal Solutions, Inc. | | | |
| | | Firm/Comp | any | ···· |
| 162 Sippewiss | ett Road | | | |
| | ······································ | Addres | S | |
| Falmouth, MA | 02540 | | | |
| | | City/State and | l Zip code | |
| admin@coasta | lengineer.us | | | |
| - | E-mail address | : (to be used for | future annual report no | otification) |
| For further in | formation concerning this m | atter, please cal | ll: | |
| John Ramsey | | 508 | 274-5757 | |
| Nam | e of Person | Area Code | Daytime Teleph | one Number |
| Regis Divis The C 2415 | EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303 | | MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI | ection rporations |
| Enclosed is a Please make ch | check for the following amoveck payable to: FLORIDA Diging Fee | EPARTMENT (g Fee & | OF STATE \$78.75 Filing Fee & Certified Copy | \$87.50 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.

| (If name unavaila | able in Florida, enter alternate corporate name a | dopted for the purpose of transacting | g business in Florida) |
|--|--|---|--|
| Massachusetts | | 87-3606272 | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | |
| November 16, 2 | ⁰²¹ 5. | | |
| (Date of incorporation) | | (Date of duration, if other than perpetual) | |
| | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | | w) |
| 162 Sinnawissett | Road, Falmouth MA 02540 | 02, F.S., to determine penanty matrix | y) |
| 102 Sippewissett | ····· | ce street address) | |
| | (e.par enin | <u> </u> | |
| | | | |
| | (Current mailing | g address, if different) | |
| Name and street | (Current mailing et address of Florida registered agent: (P.O | | 28 |
| Name and stree | · · · | | 26210 |
| Name: | et address of Florida registered agent: (P.O | | 2621 000 |
| Name: | et address of Florida registered agent: (P.O Peter Sullivan 1300 SW Pinewood CT | . Box NOT acceptable) | 2621 BTC -2 |
| Name: | et address of Florida registered agent: (P.O Peter Sullivan 1300 SW Pinewood CT Palm City | . Box NOT acceptable), Florida 34990 | 2621 BTC -2 PH |
| | et address of Florida registered agent: (P.O Peter Sullivan 1300 SW Pinewood CT | . Box NOT acceptable) | 2021 DITC -2 PH 4: |
| Name: ffice Address: Registered age | Peter Sullivan 1300 SW Pinewood CT Palm City (City) | Box NOT acceptable) , Florida 34990 (Zip code) | 2621 BTC - 2 PH 4: 54 57, 87 57 57 58 5 PATE |
| Name: Tice Address: Registered againg been nam | Peter Sullivan 1300 SW Pinewood CT Palm City (City) ent's acceptance: ned as registered agent and to accept service | Box NOT acceptable) , Florida 34990 (Zip code) ce of process for the above stated | corporation at the pl |
| Name: Tice Address: Registered againg been names signated in this rither agree to c | et address of Florida registered agent: (P.O Peter Sullivan 1300 SW Pinewood CT Palm City (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re | Box NOT acceptable) , Florida 34990, Elorida (Zip code) ce of process for the above stated the state of the proper and complete the complete to the proper and complete the state of the proper and complete the | corporation at the ple to act in this capaci |
| Name: ffice Address: Registered agaving been names ignated in this orther agree to c | Peter Sullivan 1300 SW Pinewood CT Palm City (City) ent's acceptance: seed as registered agent and to accept service application, I hereby accept the appointment. | Box NOT acceptable) , Florida 34990, Elorida (Zip code) ce of process for the above stated the state of the proper and complete the complete to the proper and complete the state of the proper and complete the | corporation at the ple to act in this capaci |
| Name: ffice Address: Registered agaving been names ignated in this rther agree to c | et address of Florida registered agent: (P.O Peter Sullivan 1300 SW Pinewood CT Palm City (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re | Box NOT acceptable) , Florida 34990, Elorida (Zip code) ce of process for the above stated the state of the proper and complete the complete to the proper and complete the state of the proper and complete the | corporation at the ple to act in this capaci |
| Name: ffice Address: Registered agaving been names ignated in this rther agree to c | et address of Florida registered agent: (P.O Peter Sullivan 1300 SW Pinewood CT Palm City (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re | Box NOT acceptable) , Florida 34990, Elorida (Zip code) ce of process for the above stated the state of the proper and complete the complete to the proper and complete the state of the proper and complete the | corporation at the ple e to act in this capac |

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]:

A. DIRECTORS John S. Ramsey ☐ Chairman ☐ Chairman 162 Sippewissett Road Address: ☐ Vice Chairman □ Vice Chairman Address: Falmouth, MA 02540 Director □ Director ☐ President President ☐ Vice President ■ Vice President Treasurer ☐ Treasurer ☐ Secretary Secretary Other _____ Other _____ □Other _____ Other Name: _____ ☐ Chairman Name: Chairman ☐ Vice Chairman Address: □Vice Chairman Address: Director ☐ Director □ President ☐ President ☐ Vice President ☐ Vice President ☐ Treasurer Treasurer □ Secretary ☐ Secretary Other ____ ☐ Other _____ Other ____ □Other _____ Name: ☐ Chairman Name: _____ □Chairman ☐ Vice Chairman Address: □Vice Chairman Address: □ Director □ Director ☐ President □ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer Secretary Treasurer Other □Other _____ ☐ Other 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 Florida Department of State Annual Report form. Signature of Director or Officer 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. John S. Ramsey

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: November 19, 2021

To Whom It May Concern:

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

SUSTAINABLE COASTAL SOLUTIONS, INC

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

Villian Travino Galicin

Certificate Number: 21110528170

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

Processed by: ili