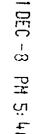
(Re	equestor's Name)		
(Address)			
(Ad	idress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
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## **COVER LETTER**

_	stration Secti sion of Corpo				
SUBJECT:	HEMANEX	T INC.			
oobact.	<del></del>	Name of c	orporation -	must include suffix	
Dear Sir or M	fadam:				
"Certificate o	of Existence,"		Good Stand	uthorization to Transact fing" and check are submissin Florida.	
Please return	all correspor	dence concerning	this matter t	o the following:	
RONALD PE	LLETIER				
			Name of P	erson	
HEMANEXT	INC.				
			Firm/Comp	any	
99 HAYDEN	AVENUE, BI	DG. B, SUITE 620			
			Addres	s	
LEXINGTON	I. MA 02453				
	_	C	ity/State and	d Zip code	
Ronald.Pelleti	er@hemanext	.com			
		E-mail address: (1	o be used fo	r future annual report noti	fication)
For further in	iformation co	ncerning this matte	er, please ca	N:	
RON PELLET	ΓIER	at (	508 561-0278		
Nam	ne of Person		Area Code	Daytime Telephor	ne Number
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		
	heck payable t	e following amoun o: FLORIDA DEPA  \$78.75 Filing F  Certificate of S	ARTMENT ( ee &		□ \$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.

"Inc.," "Co.," "(	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	, John Charlett	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the nurpose of transacting business	and in Clouidas
2. DELAWARE	2	52-2246819	ss in rioriga)
(State or count MARCH 2, 20	ry under the law of which it is incorporated)	(FEI number, if applicable	
(Date 6. NOVEMBER	e of incorporation)	(Date of duration, if other than perp	petual)
14329 SHOCKI	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ACH DRIVE, WINTER GARDEN, FL 34787	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. <u></u>	· · · · · · · · · · · · · · · · · · ·	ce street address)	
3. Name and street	et address of Florida registered agent: (P.C	ng address, if different)  O. Box NOT acceptable)	2001 DEC -8
Name: Office Address:	C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD	- <del></del>	PH 5
Mice Address.	PLANTATION	, Florida <sup>33324</sup>	5
	(City)	(Zip code)	
Having been nam lesignated in this jurther agree to co	ent's acceptance:  red as registered agent and to accept servic  application. I hereby accept the appointm  omply with the provisions of all statutes re  with and accept the obligations of my pos	ent as registered agent and agree to act i lative to the proper and complete perfor- ition as registered agent.	
_		or - Assistant Secretary	

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	CDIC NEWNAND		
□Chairman	Name:	_ Chairman	Name: MARTIN CANNON
□Vice Chairman	Address: 24 ADIN STREET	_ □Vice Chairman	Address: 3106 LELAND STREET
□Director	HOPEDALE, MA 01747	<b></b> .	CHEVY CHASE, MD 20815
□President		_ President	
□Vice President		_ □ Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
□Other		Other	Other
□Chai <b>r</b> man	Name:		Name:
□Vice Chairman	Address:	_ □Vice Chairman	Address:
□Director			
□President		□President	
□Vice President		. □Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
	Address:		Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	□Secretary	☐ Treasurer
Other		□Other	[]Other
Important Notice: U individuals may be a	se an attachment to report more than six (6). The added to the index when filing your Florida Dep	partment of State Annual Repo	ort form.
The officer or directe she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in n is information submitted in a document to the E	numbur 11 aboum) a@t ab_u	dia Caraca and the ca
ERIC NEWM	AN, SECRETARY AND CHIEF FINANCI	AL OFFICER	



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

DELAWARE, DO HEREBY CERTIFY "HEMANEXT 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-FOURTH DAY OF NOVEMBER, 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 "HEMANEXT INC."

WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 2000.

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

Authentication: 204783348

Date: 11-24-21

3186465 8300 SR# 20213891260