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2022 APR 11 PH 4: 04

S. FRANKLIN APR 2 1 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Stellarware Corporation				
	poration - mu	st include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of Gabove referenced foreign corporation to transactions."	ood Standing	' and check are subm	Business in Flo itted to register	orida," the
Please return all correspondence concerning th	is matter to th	e following:		
Melanie L Gleeson				207
	Name of Perso	n		2021 APR 1
Stellarware Corporation				ىنى <u>د</u>
Fi	irm/Company			
600 Longwater Drive, Suite 202				P
	Address	_	-	
Norwell, MA 02061				7
City	/State and Zi	p code	<del>.</del>	
accounting@stellarware.com				
E-mail address: (to b	oc used for fut	ure annual report not	ification)	
For further information concerning this matter,	please call;			
Melanie L Gleeson at (	81 34	17-3633		
Name of Person A	rea Code	Daytime Telepho	ne Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Section Registration Section Corporations Division of Corporations of Tallahassee P.O. Box 6327 Tallahassee, FL 32314		tion oorations	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAR  \$70.00 Filing Fee  Certificate of Star	<b>&amp;</b> □ \$78.		\$87.50 Filir Certificate Certified C	of 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.

1. Stellarware Cor	rporation			
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	.,	
(If name unavail	lable in Florida, enter alternate corporate name a	adopted for the purpose of transacting	business in Florida)	
2. Massachusetts	•		•	
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 09/02/1997				
(Date	(Date of incorporation)  (Date of duration, if other than perpert)  07/2022		an perpetual)	
0.	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		······································	
7. 600 Longwater D	Orive, Suite 202, Norwell, MA 02061		207	
	(Principal offic	ce <u>street</u> address)	2 APR	
8. Name and <u>street</u> Name:	et address of Florida registered agent: (P.O	g address, if different)  Box NOT acceptable)	1 PH 4: 04	
Office Address:	1201 Hays Street			
	Tallahassee	, Florida		
	(City)	(Zip code)		
designated in this further agree to co and I am familiar —	application, I hereby accept the appointments omply with the provisions of all statutes rewith and accept the obligations of my postal accept the appointment of my postal accept the obligations of my postal acc	ent as registered agent and agree lative to the proper and complete ition as registered agent.  Assistant Secretary gnature)	to act in this capaci performance of my	ity. I duties
	certificate of existence duly authenticated, r State, by the Secretary of State or other off			

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

under the law of which it is incorporated.

A. DIRECTORS	•			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 600 Longwater Drive, Suite 202	□Vice Chairman	Address:	
□Director	Norwell, MA 02061	□Director		
President		□President		
■Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		President		<del></del>
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Treasurer 7022
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs  Signature of Director tor signing this document (and who is listed in num	ment of State Annual Re	port form.	

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.

George French

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

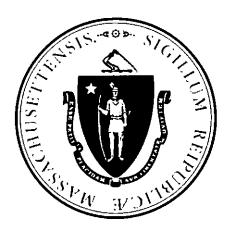
Date: March 31, 2022

To Whom It May Concern:

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

## STELLARWARE CORPORATION

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: 22031197940

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

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