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(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
(Bi	usiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to	Filing Officer:			

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2022 JUN -3 PM 2: 43

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JUN - 3 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 721022 5168590

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: June 2, 2022

ORDER TIME : 4:52 PM

ORDER NO. : 721022-005

CUSTOMER NO: 5168590

FOREIGN FILINGS

NAME: EQUIPNET, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: EquipNet, Inc				
	Name of corporati	on - must i	nclude suffix	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	*Certificate of Good St	anding" ar	nd check are subr	
Please return all corresponden	ce concerning this mat	ter to the f	ollowing:	
Al Gauvin				
	Name	of Person		
EquipNet, Inc				
	Firm/C	ompany		
5 Dan Road				
	Ad	dress		
Canton, MA 02021				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/State	e and Zip c	ode	
agauvin@equipnet.com				
E-1	nail address: (to be use	d for futur	e annual report n	otification)
For further information conce	rning this matter, pleas	e call:		
Al Gauvin	at (335-	de Daytime Telephone Number	
Name of Person	Area C	ode	Daytime Teleph	none 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	
		□ \$78.75	ATE 5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status &
			· F J	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.

(Enter name of	corporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION	11
"Inc.," "Co.," "(Corp," "Inc," "Co," or "Corp.")		
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Delaware	3.	04-3470291	
	try under the law of which it is incorporated)	(FEI number, if app	licable)
4. <u></u>	5.	(Date of duration, if other th	
(Dat	e of incorporation) 5.	(Date of duration, if other th	an perpetual)
6			
	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability	λ
5 Dan Road Can		502, 1.5., to determine penalty nations	*)
/		ice street address)	
	(2.1.1.1.	<u> </u>	
	(Current mailir	ng address, if different)	
			20.
3. Name and stre	eet address of Florida registered agent: (P.C). Box NOT acceptable)	F11. 1022 JUN - 3
Name:	Corporation Service Company		
	1201 Hays Street		ω <u>-</u>
Office Address:			
Omce Address:	Tallahassee	, Florida 32301	PM 2:
Omce Address:	Tallahassee (City)	, Florida 32301 (Zip code)	9M 2: 43
	(City)	, Florida	% 2: 43
9. Registered ag Having been nan	(City) gent's acceptance: ned as registered agent and to accept servi	(Zip code) ice of process for the above stated	corporation at the place
9. Registered ag Having been nan designated in thi	(City) gent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appointn	(Zip code) ice of process for the above stated in the control of	corporation at the place to act in this capacity. I
9. Registered ag Having been nan designated in this further agree to d	(City) gent's acceptance: ned as registered agent and to accept servi	(Zip code) ice of process for the above stated in the community is a second community to the proper and complete the content to the proper and complete the content to the conte	corporation at the place to act in this capacity. I
9. Registered ag Having been nan designated in thi further agree to d and I am familia	(City) gent's acceptance: med as registered agent and to accept servi s application, I hereby accept the appoints comply with the provisions of all statutes r r with and accept the obligations of my po	(Zip code) ice of process for the above stated in the control of the proper and complete sition as registered agent.	corporation at the place to act in this capacity. I
9. Registered ag Having been nan designated in thi further agree to d and I am familia	(City) gent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appoints comply with the provisions of all statutes r r with and accept the obligations of my po	(Zip code) ice of process for the above stated in the control of the proper and complete sition as registered agent.	corporation at the place to act in this capacity. I

under the law of which it is incorporated.

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

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

A. DIRECTORS			
Chairman	Name: Roger Gallo	□ Chairman	Name:
□Vice Chairman	5 Dan Road Address:	□Vice Chairman	Address:
□Director	Canton, MA 02021		Canton, MA 02021
President		□President	
□Vice President		■Vice President	
☐Sccretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
		5	u.
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		☐ President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□ Chairman	Name:
	Address:	5	Address:
Director			
□President		President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). To added to the index when filing your Florida De Signature of Dir	partment of State Annual Re	d for reporting purposes only. Non-indexed eport form.
The officer 3:			and the Street many of the street of the str
	ctor signing this document (and who is listed in alse information submitted in a document to the		
13. AI	Ganvis SENPF	بالمناهد	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EQUIPNET, 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 SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUIPNET, INC."

WAS INCORPORATED ON THE TWELFTH DAY OF MAY, A.D. 1999.

Authentication: 203582072

Date: 06-02-22