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(Re	questor's Name)	
(Ad	dress)	-
(Ad	ldress)	<u>. </u>
(Cit	ty/State/Zip/Phone	: #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	TECH ADVISORS INC			
	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of		of Good Stand	Authorization to Transact Buding" and check are submitters in Florida.	
Please return a	all correspondence concern	ing this matter	to the following:	
KONRAD M.	MARTIN			
	V 1 2 40 1/4 2000	Name of F	Person	
TECH ADVIS	ORS INC			
		Firm/Com	pany	
231 EAST LA	NTANA ROAD, SUITE 702			
		Addre	ss	
LANTANA, F	LORIDA 33462			
		City/State an	d Zip code	
KONRADM@	TECH-ADV.COM			
	E-mail address	s: (to be used fo	or future annual report notifi	cation)
For further inf	ormation concerning this n	natter, please ca	all;	
KONRAD M. I	ONRAD M. MARTIN at (617 974-0560			
Name	of Person	Area Code		Number
Regist Divisi The C 2415 ì	ET/COURIER ADDRES ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
	check for the following amoved payable to: FLORIDA DI ng Fee	EPARTMENT of Gree &		\$87.50 Filing Fee, Certificate of Status & Certified Copy

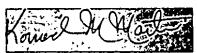
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION."		
TECH ADVISO	ORS FLORIDA, INC.			
(If name unavail:	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting l	business in Florida)	
MASSACHUSI	ETTS 3.	20-2834706 3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
5-13-2005	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)	
266 MAIN STRE	ET, SUTTE 15, MEDFIELD, MA 02052			
	(Principal offic	re street address)		
312 WEST MAN	GO STREET, LANTANA. FLORIDA 33462			
	(Current mailing	g address, if different)	TALLAIN	
Name and stree	<u>t address</u> of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)		
Name:	KONRAD M. MARTIN		S 5	
ffice Address:	312 WEST MANGO STREET			
	LANTANA	, Florida <u>33462</u>	F : *	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Digitally signed by Konrad M. Mafrtin DN: cn=Konrad M. Mafrtin, o=Tech Advisors Inc, ou, email=Konradm@tech-adv.com, c=US Date: 2022.07.06 13:13 42 -04'00'

(Registered agent's signature)

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.

A. DIRECTORS						
Chairman	Name:	□ Chairman	Name:	KEVIN M. MARTIN		
□Vice Chairman	Address: 231 EAST LANTANA ROAD	■ Vice Chairman	Address:	6 PARTRIDGE ROAD		
□Director	SUITE 702	□Director		MEDFIELD, MA 02052		
□President	LANTANA, FLORIDA 33462	□President				
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	Other		Other		
□Chairman □Vice Chairman ■Director	Name: JEFFREY S. BELL, JR Address: 57 PATTERSON PATH MARSHFIELD, MA 02050	☐Chairman ☐Vice Chairman ☐Director	Address:			
□President		□President				
□Vice President		□ Vice President				
Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	Other	Other		□Other		
	Name:					
Director	Address:		Address:			
President		☐ Director ☐ President				
□Vice President		☐ Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	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.						
KONRAD M.	MARTIN, CEO					



The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

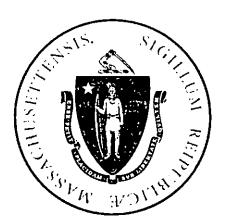
Date: July 14, 2022

To Whom It May Concern:

Thereby certify that according to the records of this office.

TECH ADVISORS, 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

William Navin Gallein

Certificate Number: 22070294570

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

Processed by: 1ad