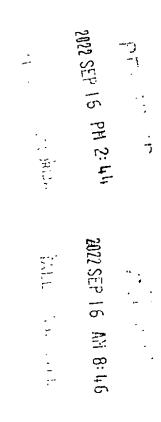
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	(Address)	
	(City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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	(Document Number)	
Certified Copies	Certificates of S	status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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S. ROBERTS SEP 1 6 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp @dos.my florida.com

850-245-6051

FROM _ Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE; 9/16/2022

PRIORITY ; Regular Approval

OUR REF.# (Order ID#) 1072654

ORDER ENTITY

GREAT ELM CAPITAL MANAGEMENT, INC.

production of the contract of	
PLEASE PERFORM THE FOLLOWING SERVICES:	
GREAT ELM CAPITAL MANAGEMENT, INC. (FL)	

File the attached foreign qualification document and provide a certified copy.

NOTES:	 	
\$78.75 Authorized	 -	
Email address for annual report reminders: Jean@clasinfo.com		
·		
RETURN/FORWARDING INSTRUCTIONS:	•	

Please bill the above referenced account for this order.

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, September 16, 2022 Page 1 of 1

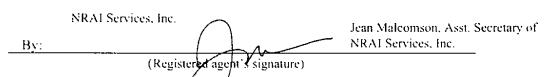
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	al Management, Inc.		
	orporation: must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATIO	N,"
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transaction	ng business in Florida)
Delaware	3.		
(State or country	(State or country under the law of which it is incorporated) (FEI number, if applical		oplicable)
05/24/2016	5		
05/24/2016 5		(Date of duration, if other than perpetual)	
800 South Street,	Suite 230, Waltham, MA 02453 (Principal office	street address)	
	(Current mailing a	address, if different)	
. Name and <u>stree</u> Name: Office Address:	t address of Florida registered agent: (P.O. I NRAI Services, Inc. 1200 South Pine Island Road	Box <u>NOT</u> acceptable)	2022 SEP 16 AH
	Plantation		·
	(Citv)	(Zip code)	 +6

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.



10. Attached is a certificate of existence duly aethenticated, 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]:

DocuSign Envelope ID: DEF283B3-04A1-4472-A63C-BA56C03B82EB A. DIRECTORS Peter A. Reed Adam M. Kleinman Name: ☐ Chairman Name: □ Chairman 800 South Street, Suite 230 800 South Street, Suite 230 □Vice Chairman Address: □ Vice Chairman Address: Waltham, MA 02453 Waltham, MA 02453 ■ Director Director President □ President □ Vice President _____ □ Vice President □ Secretary □ Treasurer Secretary □ Treasurer □Other □Other _____ □Other ____ ☐Other Name: ____ Keri Davis □ Chairman ☐ Chairman Name: 800 South Street, Suite 230 □Vice Chairman Address: _ □ Vice Chairman Address: Waltham, MA 02453 □ Director □ Director □ President □President □Vice President _____ □ Vice President □ Secretary ■ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: □ Chairman ☐ Chairman Name: □ Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □ President □President □Vice President _____ □ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer

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.

□Other

□Other _____

Adam Kleinman

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.

Adam M. Kleinman, Director & Secretary

□Other _____



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

DELAWARE, DO HEREBY CERTIFY "GREAT ELM CAPITAL MANAGEMENT, 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 SIXTEENTH DAY OF SEPTEMBER,

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 "GREAT ELM CAPITAL MANAGEMENT, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

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

at core delaware gov/au

Authentication: 204411444

Date: 09-16-22