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(((H22000257348 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

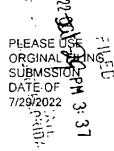
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FOREIGN PROFIT/NONPROFIT CORPORATION

AmStat, Inc.

Certificate of Status	0
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T. LEMIEUX

2022 OCT -- 3 11112: 16

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.

AmStat, Inc.						
	orporation; must include "INCORPORATE orp," "Inc,* "Co," or "Corp.")	ED,	" "COMPANY	Y," "CORPORATIO	Ν,"	
Camp Amstat, b	ıc.					
(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the	purpose of transacti	ng business in F	lorida)
) Delaware		3	68-0601481			
	y under the law of which it is incorporated)	(FEI number, it applicable)				
4. 2/4/2005		5				
(Date of incorporation)		٥.	(Date of duration, if other than perpetual)			
6. 5/1/2022						
·· 	State 5 Tinton Falls, NJ 07724 (Principal treet, 40th Floor, New York, New York 100		ice <u>street</u> addr	ess)		
	(Current ma	ailır	ng address, if d	ifferent)	<u>ه</u>	~2
8. Name and <u>stree</u>	et address of Florida registered agent: (C.T Corporation System	Р.С), Box <u>NOT</u>	acceptable)		1022 gCJ
Office Address:	1200 South Pine Island Road				<u>%</u>	Æ 1
	Plantation		FI,	33324	<u>65</u>	Р ж э. э.
	(City)			(Zip code)	200	37

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.

	C.T Corporation System	
By:	7250. Roman	
<u>·</u>	(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.

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. Richard P. Malfoch	□ Chairman	Name			
□Vice Chairman	Address	□Vice Chairman	Address 745 North Brown Road			
■ Director	New York, New York 10019	■Director	Lawrenceville, GA 30043			
□President		□President				
TVice President		□Vice President				
☐Secretary	[]Treasurer	[]Secretary	ElTreasurer			
□ Other	Other	□Other	Other			
□Chairman □Vice Chairinan □Directoi	Name Vibby Gottemukkala 11 Continental Blvd, Suite C Address: Merrimack, NH 03054	□Chairman □Vice Chairman □Director	Name. Scan Lanagan Name. 11 Continental Blvd, Suite C Address: Merrimack, NH 03054			
□President		■ President				
□Vice President		□Vice President				
□Secretary	Treasurer	☐ Secretary	□Treasurer			
Other		□Other	Other			
□ Chairman	Name. Ross Nadeau	□Chairman	Name: Catherine A. Bustron			
□Vice Chairman	Address:	□Vice Chairman	Address			
□Director	Merrimack, NH 03054	□ Director	New York, NY 10019			
≟President		□President				
□Vice President		□Vice President				
☐\$ecretary	.zl Treasurer	FI 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. 12 Catherine A. Bosten Signature of Director of 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 officer of the o						
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						

13. Catherine A. Bostron, Secretary

(Typed or printed name and capacity of person signing application)

s.817,155, F.S.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMSTAT, 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 THIRTEENTH DAY OF JULY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203902803

Date: 07-13-22