## F22000006945

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S. ROBERTS

OCT 2 6 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Red Pimiento Corp.			
	corporation -	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans-	f Good Stand	ing" and check are submitt	
Please return all correspondence concerning	this matter t	to the following:	
Shazaib Maqsood			
	Name of P	erson	
Axelia Partners			
·	Firm/Comp	pany	
185 Alewife Brook Parkway, Suite 210			
	Addres	SS	
Cambridge, MA 02138			
	City/State an	d Zip code	
smaqsood@axeliapartners.com			
E-mail address:	(to be used for	or future annual report notif	ication)
For further information concerning this mat	ter, please ca	ıll:	
Shazaib Maqsood	617	Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone	e 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	
Enclosed is a check for the following amout Please make check payable to: FLORIDA DEF \$70.00 Filing Fee S78.75 Filing Certificate of	PARTMENT Fee & 🗆		3 \$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.

Red Pimiento C	·	21/23 (BAND) W 29/20 BAND A 1977 A	)
	orporation; must include "INCORPORATED." \ orp." "Inc." "Co." or "Corp.")	"COMPANY, "CORPORATIO:	N.
(If name unavails	able in Florida, enter alternate corporate name ad-	opted for the purpose of transactir	ng business in Florida)
Delaware	•		
(State or country under the law of which it is incorporated)		-2599474 (FEI number, if applicable)	
6/26/2017	\$		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)  2, F.S., to determine penalty liabil	ity)
185 Alewife Broo	ok Parkway, Suite 210 Cambridge, MA 02138		
	(Principal office	street address)	
	(Current mailing	address, if different)	<del></del>
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	C T Corporation System		33
ffice Address:	1200 South Pine Island Road,		E
smee radiess.	Plantation	Florida <u>33324</u>	<b>802</b> 7 OCT 26
			<i>₽</i>
Registered an	(City) ent's acceptance: ned as registered agent and to accept service		
laving been nan	red as registered agent and to accept service	of process for the above state	d corporation at the
esignated in this	application, I hereby accept the appointme	nt as registered agent and agr	ree to act in this <b>ca</b> pa
	omply with the provisions of all statutes rela with and accept the obligations of my positions		ne perjormance oj n
,			
	mai	garet & Party-lr-	
_			
	(Registered agent's sign Margaret E. Routzahn, Assistant Secre	nature) etary	

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.

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

A. DIRECTORS						
□Chairman	Name: Andre Dye	Chairman	Name:			
□Vice Chairman	Address:Address:	□Vice Chairman	Address: 185 Alewife Brook Parkway,			
Director	Suite 210	□Director	Suite 210			
President	Cambridge, MA 02138	□President	Cambridge, MA 02138			
□Vice President		□Vice President				
□Secretary	■ Treasurer	□Secretary	□Treasurer			
□Other	Other	Other Assistant	Secretar Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□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				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	□Treasurer			
Other	Other	□Other				
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct Signature		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.						
13. Alexandra S	uhas - Assistant Secretary					

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RED PIMIENTO CORP." 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 THIRTIETH 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 "RED PIMIENTO

CORP." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017.

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

Authentication: 204520080

Date: 09-30-22

6457799 8300 SR# 20223644438