# F22000007754

(	(Requestor's Name)	
	(Address)	<del>,</del>
	(Address)	<u>-</u>
	(City/State/Zip/Phone #)	)
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
enified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
W22-1°	53021	

Office Use Only



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2022 DEC 1.2 AM 10: 44 2022 DEL 1.2 P.1 4: 25

APPROFILED

CEC 20 2012 K. Brumble) CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

 $(\mathbf{v}_{i}, \mathbf{v}_{i}) = (\mathbf{v}_{i}, \mathbf{v}_{i}) + (\mathbf{v}_{i}, \mathbf{v}_{i})$ 

ACCOUNT NO. : I2000000195					
REFERENCE : 181039 7533358					
AUTHORIZATION : Spellicle no					
COST LIMIT : \$7.0.00					
ORDER DATE : December 5, 2022					
ORDER TIME : 1:46 PM					
ORDER NO. : 181039-015					
CUSTOMER NO: 7533358					
FOREIGN FILINGS					
NAME: MS PROPERTIES, INC.					
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

### **COVER LETTER**

_	itration Section ion of Corporations			
SUBJECT:	MS Properties, Inc.			
0000011	Name of	corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Stanc	ling" and check are submitt	
Please return	all correspondence concerning	this matter	to the following:	
Kelly-Ann Tai	ntor			
		Name of P	Person	
MS Properties,	Inc.			
		Firm/Comp	oany	
54 Jaconnet St	reet			
	· · ·	Addre:	SS	
Newton, MA 0	2461			
	(	City/State an	d Zip code	<del></del>
ktantor@vioc.i	net			
	E-mail address: (	to be used fo	or future annual report notif	ication)
For further in	formation concerning this matt	er, please ca	ill:	
Kelly-Ann Tai	ntor at	(617	340-8924	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	check for the following amounteck payable to: FLORIDA DEPA ing Fee	ARTMENT (		387.50 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.

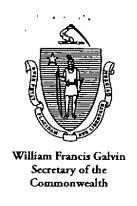
M0.5						
	s of Massachusetts, Inc.	<del></del>			1 \	
	ilable in Florida, enter alternate corporate πα		_	ness in Fiori	Ga)	
2. Massachusetts			-3260095			
	try under the law of which it is incorporated		(FEI number, if applicab			
4. 1/11/95	te of incorporation)	5	(Date of duration, if other than pe			
(Da	(Date of incorporation)		(Date of duration, if other than po	erpetual)		
6						
			orida, if prior to registration) F.S., to determine penalty liability)			
_ 54 Jaconnet Stre	eet, Newton, MA 02461		, , , , , , , , , , , , , , , , , , , ,			
/		office s	treet address)			
54 Jaconnet Str	cet, Newton, MA 02461		··,			
	(Current ma	siling ac	dress, if different)	: <u></u>		
<del></del>	(Current ma	ailing ac	ddress, if different)		30 Z	
8. Name and str	Current ma eet address of Florida registered agent: (	Ū			22 DEC 1	<u> </u>
		P.O. B			22 DEC 12	FILE
8. Name and stre Name:	eet address of Florida registered agent: ( CORPORATION SERVICE COMPANY	P.O. B				FILED
	eet address of Florida registered agent:(	P.O. B				FILED
Name:	eet address of Florida registered agent: ( CORPORATION SERVICE COMPANY 1201 HAYS STREET	P.O. B	ox <u>NOT</u> acceptable)		22 DEC 12 AM 10: 44	FILED
Name:	eet address of Florida registered agent: ( CORPORATION SERVICE COMPANY 1201 HAYS STREET	P.O. B				FILED
Name: Office Address:	eet address of Florida registered agent: ( CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE (City)	P.O. B	ox <u>NOT</u> acceptable)			AND FILED
Name: Office Address:  9. Registered a	eet address of Florida registered agent: ( CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE (City) gent's acceptance:	P.O. B	ox NOT acceptable)	Coration at I	4H 10: 44	FILED ace
Name: Office Address:  9. Registered a: Having been naidesignated in thi	corporation Service Company  1201 HAYS STREET  TALLAHASSEE  (City)  gent's acceptance: med as registered agent and to accept seis application, I hereby accept the appoin	P.O. B	ox NOT acceptable) , Florida \( \frac{32301}{(\text{Zip code})} \)  of process for the above stated corput as registered agent and agree to a	ict in this co	AH 10: 44	ty. I
Name: Office Address:  9. Registered a: Having been nai designated in the further agree to	corporation Service Company  1201 HAYS STREET  TALLAHASSEE  (City)  gent's acceptance: med as registered agent and to accept series application, I hereby accept the appoint comply with the provisions of all statutes	P.O. B	ox NOT acceptable) , Florida \( \frac{32301}{(\text{Zip code})} \)  of process for the above stated corp t as registered agent and agree to a vive to the proper and complete performance.	ict in this co	AH 10: 44	ty. I
Name: Office Address:  9. Registered a: Having been nai designated in the further agree to	corporation Service Company  1201 HAYS STREET  TALLAHASSEE  (City)  gent's acceptance: med as registered agent and to accept seis application, I hereby accept the appoin	P.O. B	ox NOT acceptable) , Florida \( \frac{32301}{(\text{Zip code})} \)  of process for the above stated corp t as registered agent and agree to a vive to the proper and complete performance.	ict in this co	AH 10: 44	ty. I
Name: Office Address:  9. Registered a: Having been nai designated in the further agree to	CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE  (City)  gent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statute ar with and accept the obligations of my	P.O. B	ox NOT acceptable) , Florida \( \frac{32301}{(\text{Zip code})} \)  of process for the above stated corp t as registered agent and agree to a vive to the proper and complete person as registered agent.	ict in this co	AH 10: 44	ty. I
Name: Office Address:  9. Registered a: Having been nai designated in the further agree to	corporation Service Company  1201 HAYS STREET  TALLAHASSEE  (City)  gent's acceptance: med as registered agent and to accept series application, I hereby accept the appoint comply with the provisions of all statutes	P.O. B	ox NOT acceptable) , Florida \( \frac{32301}{(\text{Zip code})} \)  of process for the above stated corp t as registered agent and agree to a vive to the proper and complete person as registered agent.	ict in this co	AH 10: 44	ty. I

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 Michael J. McLaughlin Name: \_ Donald R. Smith □Chairman Name: □ Chairman 54 Jaconnet St 54 Jaconnet St ☐ Vice Chairman ☐ Vice Chairman Address: Address: Newton, MA 02461 Newton, MA 02461 Director □ Director ■ President □President □Vice President \_\_\_\_\_ □Vice President ☐ Secretary Treasurer ■ Secretary Treasurer Executive VP General Counsel □Other \_\_\_\_\_ Randolph L. Kazazian III □ Chairman Name: □Chairman 54 Jaconnet St □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ Newton, MA 02461 □ Director Director □ President □ President ■Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □ Chairman Name: □Chairman □Vice Chairman Address: □Vice Chairman Address: Director □ Director □ President President ☐ Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer □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.

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

13. Mlchael J. McLaughlin, Executive Vice President



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

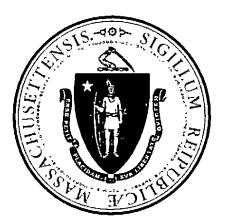
Date: December 09, 2022

To Whom It May Concern:

I hereby certify that according to the records of this office,

MS PROPERTIES, 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

ellian Travino Galicin

Certificate Number: 22120178760

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

Processed by: smc