F23000000357

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A With the Market Contract



S. FROM 1214 JAN 2 2 2023

COVER LETTER

	ration Section on of Corporations					
	Ascher Advisory Co	гр				
SUBJECT		Name of corporati	on - must	include suffix		
Dear Sir or Ma	ıdam:					
"Certificate of	'Application by For Existence," or "Ce ed foreign corporat	rtificate of Good St	anding⊤ a	and check are sub		
Please return a	ll correspondence c	oncerning this mat	ter to the	following:		
Jason Gordon						
		Name (of Person			
Ascher Advisor	y Corporation					
Firm/Company						,)
87 Terrace Hall	Avenue					· -
	·	Ade	dress		-	1
Burlington, MA	. 01803					;
		City/State	and Zip	code		=======================================
jgordon@sgord	oncorp.com					 ت. ٺ
	E-mail	address: (to be used	d for futu	re annual report i	notification)	
For further info	ormation concerning	g this matter, please	e call:			
Jason Gordon		781 at () 222	222-0955 x725		
Name	of Person	Area Co	ode	Daytime Telep	hone 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		
	_		□ \$78.7	ATE 5 Filing Fee & fied Copy		Filing Fee, ate of Status & d 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.

1. Ascher Advisor	у Согр			
	orporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida	
2. Massachusetts (State or country under the law of which it is incorporated)		84-3446545		
(State or countr 4.				
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. 12/15/2022				
7 87 Terrace Hall A		n Florida, if prior to registration) 502. F.S., to determine penalty liability)	Let.	
, . <u> </u>	(Principal off	ice <u>street</u> address)	1,5	
	(Current mailir	ng address, if different)	: :: : : : : : : : : : : : : : : : : :	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	 لـ	
Name:	Stanley Gordon	_		
Office Address:	4461 White Cedar Lane			
	Delray Beach	Florida		
	(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.

(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:				
□Vice Chairman	Address: 87 Terrace Hall Avenue	□Vice Chairman	Address:				
Director	Burlington, MA 01803	□Director					
■President		□President					
□Vice 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	□Othér :				
			1				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	_1				
□President		□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. 12. Signature of Director or Officer							
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 of 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.							
Jason Gordo	nn						



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

Date: December 21, 2022

To Whom It May Concern:

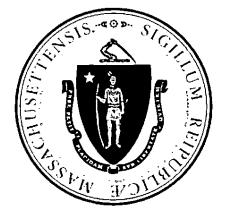
I hereby certify that,

ASCHER ADVISORY CORP

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on October 22, 2019.

I also certify that so far as appears of record here, said corporation still has legal existence



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 Travino Galicin

Certificate Number: 22120489930

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

Processed by: NMa