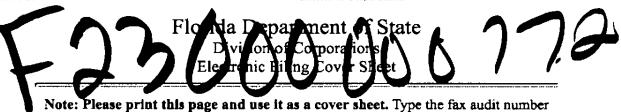
Division of Corporations



(((H23000050808 3)))

(shown below) on the top and bottom of all pages of the document.



H230000508083ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION PRODUCTIVITY PARTNERS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 07 |
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S. FRANKLIN FEB 0 9 2023

COVER LETTER

| TO: | | tration Section on of Corporations | | | |
|----------------|---------------------------|---|---------------------|--|---|
| SUBJ | ECT: | Productivity Partners, Inc. | | | |
| 50 50 . | ze | Name o | f corporation | - must include suffix | |
| Dear Si | ir or M | adam: | | | |
| "Certifi | icate of | | of Good Stand | Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida. | į |
| Please | return a | ull correspondence concernin | g this matter | to the following: | כ |
| | | | Name of I | Person | _ |
| Capitol | Service | s - Corporate Filings Team | | | |
| | _ | | Firm/Com | pany | |
| 515 Eas | st Park A | Avenue, Second Floor | • | • • | |
| | | | Addre | :SS | |
| Tallaha | ssee, Fl | orida 32301 | | | |
| | . | | City/State an | nd Zip code | |
| LBianc | hi@pov | verqualitypartners.com | | | |
| | | E-mail address: | (to be used for | or future annual report notification) | |
| For fur | ther inf | formation concerning this ma | atter, please ca | all: | |
| | | , | 855 at (| 498 - 5500 | |
| | Name | of Person | Area Code | Daytime Telephone Number | |
| | Regist Divisi The C | ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee N. Monton Street, Suita 910 assec, FL 32303 | : | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tellahanna, El. 27214 | |
| Please n | nake ch | check for the following amount the payable to: FLORIDA DE ng Fee | PARTMENT Fee & = | OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy | æ |

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.

| Power Quality | Pertners Inc | | |
|-----------------|--|---|-----------------|
| | | e adopted for the purpose of transacting business | in Florida |
| • | able in Monda, enter alternate corporate nama | e adopted to: the purpose of canisacting dashess | in riorida) |
| New York | 3 | (FEI number, if applicable) | ·· - |
| | | | |
| February 4, 199 | of incorporation) 5 | . (Date of duration, if other than perpet | |
| (Date | of incorporation) | (Date of duration, if other than perpet | tual) |
| | <u> </u> | | |
| | | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) | وست. |
| 154 Cobblestone | Court #123, Victor, New York 14564 | , , | 1623 |
| | | fice street address) | |
| | (i interpation | 1100 <u>147004</u> 404.003) | 1 |
| | | | |
| | (Current mail: | ing address if different) | <u> </u> |
| | (Current maili | ing address, if different) | <u> </u> |
| Name and stre | | | <u> </u> |
| Name and stre | et address of Florida registered agent: (P. | | |
| Name and stre | | | |
| Name: | et address of Florida registered agent: (P. | | |
| | et address of Florida registered agent: (P. Robert Bianchi 2518 Burnsed Boulevard #454 | | |

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]:

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| A. DIRECTORS | | | |
|--|--|-----------------------|-------------------------------------|
| Chairman | Name: Linda Bianchi | □ Chairman | Name: Robert Bianchi |
| □Vice Chairman | Address: 154 Cobblestone Court #123 | □Vice Chairman | Address: 154 Cobblestone Court #123 |
| Director | Viotor, New York 14564 | □Director | Viotor, New York 14564 |
| □President | | ■President | |
| □ Vice President | | □ Vice President | |
| Secretary | Treasurer | ☐ Secretary | Treasurer |
| ■Other <u>CEO</u> | | □Other | Other |
| □ Chairman | Namc: | □ Chairman | Name |
| □ Vice Chairman | Address: | □Vice Chairman | |
| □Director | | □Director | |
| □President | <u> </u> | □President | |
| □Vice President | | □Vice President | ा ८५ |
| ☐ Secretary | ☐ Treasurer | Secretary | □ Treasurer |
| □Other | Other | □ Other | |
| □Chairman | Name: | □ Chairman | Name. |
| | Address: | | Address: |
| □ Director | | Director | Auticss |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ☐ Secretary | Treasurer | Secretary | □ Treasurer |
| Other | | | |
| Important Notice: I individuals may be | Ise on attachment to report more than six (6). The attack added to the index when filing your Florida Department of Land Control of Director or Signature of Director or | nt of State Annual Re | |
| | etor signing this document (and who is listed in number lse information submitted in a document to the Departm | | |
| 13. Linda Bianci | ni, Chief Executive Officer | <u> </u> | |

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

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

PRODUCTIVITY PARTNERS, INC.

DOS ID Number:

1700076

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

02/04/1993

Statement Status:

CURRENT

Statement Due Date:

02/28/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

02/04/1993

Entity Name:

PRODUCTIVITY PARTNERS, INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

03/04/1994

Effective Date:

02/01/1994

Document Type:

BIENNIAL STATEMENT

Date of Filing:

10/19/1995

Effective Date:

02/01/1995

Page 1 of 3

| Document Type: Date of Filling: Effective Date: | BIENNIAL STATEMENT 05/01/1997 02/01/1997 | |
|---|--|-------------|
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 03/12/1999 02/01/1999 | |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 03/07/2001 02/01/2001 | |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 02/04/2003 02/01/2003 | |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 04/05/2005 02/01/2005 | 2023 1 |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 03/13/2007 02/01/2007 | ;; |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 02/06/2009 02/01/2009 | |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 02/17/2011 02/01/2011 | |
| Document Type: Date of Filing: Effective Date: | BIENNIAL STATEMENT 05/03/2021 02/01/2021 | Page 2 of 3 |

Document Type:

BIENNIAL STATEMENT

Date of Filing:

02/07/2023

Effective Date:

02/01/2023

2013

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 07, 2023 at 11:21 A.M.



ROBERT J. RODRIGUEZ, Secretary of State



Brandon C Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002933202 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.nv.gov

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