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COVER LETTER

TO:		tration Section of Corpo						
SHBJ	ECT:	91 EAST PA	RK, INC					
5020	LUII		Name of corpor	ation - mus	t include suffix			
Dear S	Sir or M	adam:						
"Certi	ficate o	f Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standing"	and check are sub			
Please	return	all correspon	dence concerning this m	atter to the	following:			
STEPH	HEN M.	REILLY						
			Nam	e of Persor	1			
91 EA	ST PAR	K, INC						
		_ .	Firm/	Company				
637 M	ULBER	RY AVENUE						
		<u>. </u>		ddress		<u> </u>		
CELEI	BRATIC	N, FL 34747						
			City/St	ate and Zip	code			
ATYR	EILLY(@GMAIL.CO						
			E-mail address: (to be u	sed for fut	ure annual report i	notification)		
For fu	rther in	formation co	ncerning this matter, ple	ase call:				
STEPHEN M. REILLY at (413)	896-1578			
	Nam	e of Person		Code	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 Tallahassec, FL 32314				
Please	make ch	eck payable to	following amount: b: FLORIDA DEPARTM 3 \$78.75 Filing Fee & Certificate of Status	□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 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.

MASSACHUSE		,	siness in Florida)			
	2. MASSACHUSETTS 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)					
(State or country	y under the law of which it is incorporated)	(FEI number, if applies	(FEI number, if applicable)			
8/17/2005	5.					
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)			
2/13/2023						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty liability)				
637 MULBERRY	AVENUE, CELEBRATION, FL 34747 (Principal offic					
	(Principal offic	e street address)				
637 MULBERRY	AVENUE, CELEBRATION, FL 34747					
	(Current mailing	address, if different)				
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	2022 F = 3			
	STEPHEN M. REILLY	Non Morale de la marie de la m				
Name:						
Tice Address:	637 MULBERRY AVENUE					
	CELEBRATION	, Florida <u>34747</u>	Ç.			
	(City)	(Zip code)	G)			

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.

(Registered agent's signature)

A. DIRECTORS	•								
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address: 637 MULBERRY AVENUE	□Vice Chairman	Address:						
□Director	CELEBRATION, FL 34747	□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:	<u> </u>					
□Director		□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		<u>.</u>					
□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. Stephen reity									

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. STEPHEN M. REILLY



The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02188

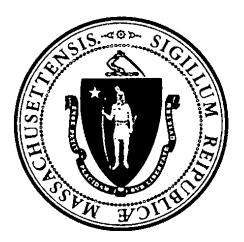
Date: February 14, 2023

To Whom It May Concern:

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

91 EAST PARK, 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 Travin Galicin

Certificate Number: 23020304570

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

Processed by: tad