Division of Corporations

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Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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jserpico@projectevident.org Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION PROJECT EVIDENT, INC.

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation, must include "INCOR orp," "Inc." "Co." or "Corp.")	PORATED," "COMP.	ANY," "CORPORATION,"		_
If name unavaila	ible in Florida, enter alternate corp	porate name adopted fo	the purpose of transacting b	usmess ni Florida	a)
Delaware, USA	y under the law of which it is inco	3			
(State or countr	y under the law of which it is inco	(porated)	(FEI number, it applie	able)	
July 12, 2022		5.			
(Date	of incorporation)	(Date of duration, if other than	i perpetual)	
		ed business in Florida, i SOL& 607 TS02, F.S., t	f prior to registration) o determine penalty liability)		
01 Boylston Str	eer, 10th Floor, Boston, MA 02130		,		
			ddress)		—
		Principal office <u>street</u> a	ddress)		
	{1	Principal office <u>street</u> a			_ _
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Name and <u>stree</u> Name:	(Contaddress of Florida registered C T Corporation System 1200 South Pine Island Road	Principal office <u>street</u> a carrent mailing address. agent: (P.O. Box <u>N</u> O	if different) DT_acceptable)		2023 FEB 27 PE IZ: 24
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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].

To .

A. DIRECTORS Mark D'Agostino Archie Jones Chairman □Chattman Name 501 Boylston Street 501 Boylston Street □Vice Chairman Address □Vice Chauman Address _ 10th Floor 10th Floor □Director Director Boston, MA 02116 Boston, MA 02116 □President □ President Vice President TVice President □Secretary Treasurer **FISecretary ■Tre**asurer □Other _____ □Other _____ **J**Other _____ □Other _____ Dan Cardinali Name □ Chairman □Chairman Name □Vice Chairman Address: 501 Boylston Street □Vice Chairman Address _____ 10th Floor □Director □Director Boston, MA 02116 □President □President TVice President □Vice President **⊇**Secretary ∃Treasurer □ Secretary ∃Treasurer ⊒Other _____ □Other _____ ⊒Other_____ DOther _____ Name _____ □Chairman □ Chauman "IVice Chairman Address .____ □Vice Chairman Address _____ □Director Director ⊒President ∟President TVice President ___ ElVice President Treasurer Treasurer □Secretary □ Secretary □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (b). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form Kelly Fitzsimmons 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. Kelly Fitzsimmons, Chief Executive Officer (Typed or printed name and capacity of person signing application)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROJECT EVIDENT, INC." 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 SECOND DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

Authentication: 202629742

Date: 02-02-23