

F230000002577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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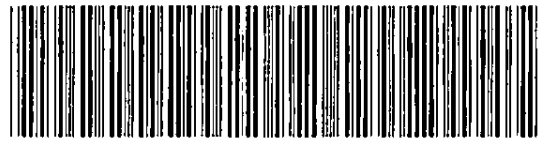
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**DATE: 05/02/23**

**NAME: THIRD POLE, INC**

**TYPE OF FILING: APPLICATION**

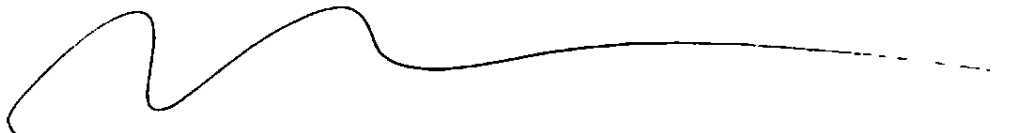
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THIRD POLE, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GAIL HARRINGTON

Name of Person

THIRD POLE, INC.

Firm/Company

309 WAVERLEY OAKS RD, SUITE 404

Address

WALTHAM, MA 02452

City/State and Zip code

gharrington@pole3.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL HARRINGTON

at ( 857 ) 228-6488

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

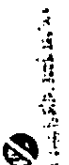
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 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.*

1. THIRD POLE, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 47-1615610  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/29/2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 03/13/2023  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 309 WAVERLEY OAKS ROAD, SUITE 404, WALTHAM, MA 02452  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PARACORP INCORPORATED

Office Address: 155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, Florida 32301  
(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.*

\_\_\_\_\_  
SEE ATTACHMENT PAGE

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☒ Chairman Name: WILLIAM HEIDEN  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 309 WAVERLEY OAKS ROAD  
☐ President SUITE 404  
☐ Vice President WALTHAM, MA 02452  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: EMILY LADD-KRAVITZ  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 309 WAVERLEY OAKS ROAD  
☐ President SUITE 404  
☐ Vice President WALTHAM, MA 02452  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

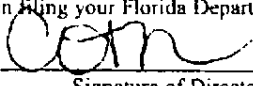
☐ Chairman Name: BASIL ATHENSON  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 309 WAVERLEY OAKS ROAD  
☒ President SUITE 404  
☐ Vice President WALTHAM, MA 02452  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: WERNER CAUTREELS  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 309 WAVERLEY OAKS ROAD  
☐ President SUITE 404  
☐ Vice President WALTHAM, MA 02452  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: ELIZABETH HOLMBERG  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 309 WAVERLEY OAKS ROAD  
☐ President SUITE 404  
☐ Vice President WALTHAM, MA 02452  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☒ Other CFO

☐ Chairman Name: JEFFREY MCCORMICK  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 309 WAVERLEY OAKS ROAD  
☐ President SUITE 404  
☐ Vice President WALTHAM, MA 02452  
☐ Secretary ☐ Treasurer  
☐ 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

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. ELIZABETH HOLMBERG, CFO/TREASURER  
(Typed or printed name and capacity of person signing application)

**STATE OF FLORIDA**  
**REGISTERED AGENT CONSENT FORM**

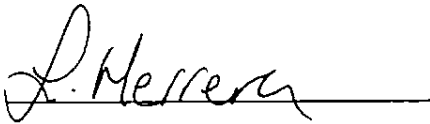
**DATE:** 5/1/2023

**ENTITY NAME:** Third Pole, Inc.

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

Third Pole, Inc.

Florida Division of Corporations Directors Attachment

Director Name: Matt Gaylord

Address: 309 Waverly Oaks Road, Suite 404, Waltham, MA 02452

Director Name: Kunal Paymaster

Address: 309 Waverly Oaks Road, Suite 404, Waltham, MA 02452

Director Name: Ron Robison, MD

Address: 309 Waverly Oaks Road, Suite 404, Waltham, MA 02452

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THIRD POLE, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD POLE, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5576711 8300

SR# 20231210737

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203035438

Date: 03-29-23