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(Re	questor's Name)			
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☐ PICK-UP	MAIT	MAIL		
12.11.11.				
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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SECURIT OF STATE

51633/

COVER LETTER

10: Registration Section Division of Corporations			
SUBJECT: Instylla, Inc.			
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	ertificate of Good Sta	nding" and check are su	ibmitted to register the
Please return all correspondence	concerning this matte	er to the following:	2023 LFR 27 PK 4: 01 CEC(1) () () () () () () () () ()
Janet Desaulniers			
	Name of	Person	27
Instylla, Inc.			: i = = = = = = = = = = = = = = = = = =
	Firm/Co	npany	. (3)
201 Burlington Rd			10
	Add	ress	
Bedford, MA 01730			
	City/State	and Zip code	
janetd@instylla.com			·
E-mai	address: (to be used	for future annual report	notification)
For further information concerning	ng this matter, please	call:	
Janet Desaulniers	781	le) 79-4877 Daytime Tele	790-4877
Name of Person	Area Coo	le Daytime Tele	phone Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	e	MAILING A Registration Division of C P.O. Box 63. Tallahassee.	Section Corporations 27
	RIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

1.	Instylla Inc		BUSINESS IN THE STATE OF FLORIDA.
	(Enter name of	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
	(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2.	Delaware	2	82-0855415
4.	0011 51000	try under the law of which it is incorporated)	(FEI number, if applicable)
	(Dat	e of incorporation)	(Date of duration, if other than perpetual)
6.	Remote employ	yee date of hire 9/12/2022; first pay date 9/30/20	022; no sales or physical location in FL
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Rd, Bedford, MA 01730	respectively. The Florida, if prior to registration) Florida, if prior to registration is prior to registration is prior to registration is prior to registration.
1	n/a	(Principal offi	
8.	Name and stree	(Current mailing text) et address of Florida registered agent: (P.O.)	g address, if different)
	Name:	NRAI Services, Inc.	. Box <u>Not</u> acceptable)
Off	îce Address:	1200 South Pine Island Road	
		Plantation	, Florida 33324
		(City)	(Zip code)
Har desi furi	ving been nam ignated in this ther agree to co	uppucation, I nereby accept the appointme	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my duties, ition as registered agent.
	_	Denise Annunciata	Asst. Secretary
		(Registered agent's sign	nature)

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]:

□ Director	201 Burlington Rd Address:	□ Vice Chairman □ Director ■ President	201 Burlington Rd Address: Bedford, MA 01730
□ Director □ □ President □ □ Vice President □			
□Vice President _		■ President	
☐ Secretary		□Vice President	
	□Treasurer	□ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman ì	Name:	□Chairman	Name:
□Vice Chairman /	Address:	□Vice Chairman	Address:
□Director _		□Director	
□President _		□President	- 102 102
□Vice President _		□Vice President	1023 APA
□Secretary	□Treasurer	☐ Secretary	Treasurer N
Other	Other	□Other	4
□Chairman 1	Name:	□ Chairman	Name:
□Vice Chairman - 2	Address:	□ Vice Chairman	Address:
□Director _		□Director	
□President _		□President	
□Vice President _		□Vice President	
□Secretary	☐Treasurer	☐ Secretary	☐Treasurer
Other	Other	□Other	Other
12. The officer or direct	se an attachment to report more than six (6). The dided to the index when filing your Florida Deput of Signlature of Director signing this document (and who is listed in a document to the I	partment of State Annual Receptor or Officer	at the facts stated herein are true and that he or

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INSTYLLA, 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-FOURTH DAY OF APRIL, 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 "INSTYLLA, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2017.

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

Authentication: 203197918

Date: 04-24-23