F23000003210

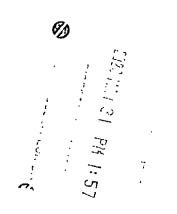
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(Ac	ddress)	
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(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)
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05/31/23

NAME: CAMBRIDGE CROPS, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CAMBRIDGE CROPS, INC.			
	corporation - m	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation of Existence," or "Certificate of above referenced foreign corporation to transport to the corporation of the corpor	Good Standing	g" and check are submit	Business in Florida," ated to register the
Please return all correspondence concerning	this matter to 1	he following:	
Malissa Daniels			_
	Name of Pers	son	
Nutter McClennen & Fish LLP			<u> </u>
	Firm/Compan	y	
155 Seaport Blvd., Boston, MA 02210			
	Address		
Boston, MA 02210			
	City/State and 2	Zip code	
mdaniels@nutter.com			
E-mail address: (to be used for f	uture annual report noti	fication)
For further information concerning this matt	ter, please call:		
Malissa Daniels	(617	439-2345	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Enclosed is a check for the following amour Please make check payable to: FLORIDA DEP \$70.00 Filing Fee \$78.75 Filing I Certificate of 5	ARTMENT OF Fee & \		□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

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.

,, -	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busine	ess in Florida)
Delaware	3 8	3. 81-4374343 (EEI number if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
11-09-2016	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Upon Filing			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
500 RUTHERFO	RD AVENUE, SUITE 105, CHARLESTOWN,	MA 02129	
	(Principal office	street address)	
· -			
	(Current mailing	address, if different)	
Name and stree	(Current mailing et address of Florida registered agent: (P.O.		2023 H
Name and stree	· · · · · ·		2023 HAY
Name:	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc.		2023 HAY 3 I
Name:	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc. 2894 Remington Green Ln., Suite A	Box NOT acceptable) 32308	
Name:	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc. 2894 Remington Green Ln., Suite A	Box <u>NOT</u> acceptable)	2023 HAY 31 - KTH: 31
Name: fice Address: Registered againg been name	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc. 2894 Remington Green Ln., Suite A Tallahassee (City) ent's acceptance: ded as registered agent and to accept service	Box NOT acceptable) , Florida 32308(Zip code) of process for the above stated corporations.	ration at the pla
Name: Tice Address: Registered agoving been names ignated in this orther agree to c	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc. 2894 Remington Green Ln., Suite A Tallahassee (City) ent's acceptance:	Box NOT acceptable) , Florida	ration at the plot in this capacit
Name: ffice Address: Registered agaving been namesignated in this	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc. 2894 Remington Green Ln., Suite A Tallahassee (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida 32308, (Zip code) to of process for the above stated corporate as registered agent and agree to act ative to the proper and complete perfortion as registered agent.	ration at the plot in this capacit

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

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

DocuSign Envelope ID: 7CE9A7FB-304E-49D5-9018-75DA8A6FFDB7

· A. DIRECTORS

Laith Abu-Taleb

□Chairman	Name:	☐ Chairman	Name:			
□Vice Chairman	500 RUTHERFORD AVENUE	□ Vice Chairman	500 RUTHERFORD AVENUE			
	SUITE 105	□ Director	SUITE 105			
■Director ■President	CHARLESTOWN, MA 02129	□ Director □ President	CHARLESTOWN, MA 02129			
□Vice President		□ Vice President				
☐Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other	□Other	Other	Other			
☐ Director ☐ President	Laith Abu-Taleb Name:	□Chairman □Vice Chairman ■Director □President □Vice President □Secretary	Name: Erik Snyder Address: 500 RUTHERFORD AVENUE SUITE 105 CHARLESTOWN, MA 02129 □Treasurer □Other □Other			
□Chairman	Matt Barnard	□ Chairman	Milo Werner			
	Soo RUTHERFORD AVENUE Address:		Address: 500 RUTHERFORD AVENUE			
Director	SUITE 105	Director	SUITE 105			
□President	CHARLESTOWN, MA 02129	□President	CHARLESTOWN, MA 02129			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other		□Other	Other			
**See Attachment A for remaining Directors. 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. Lattle Libertale 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.						

CAMBRIDGE CROPS, INC.

DIRECTORS

MARK CUPTA 500 RUTHERFORD AVENUE, SUITE 105 CHARLESTOWN.

MA 02129

LUCAS MANN 500 RUTHERFORD AVENUE, SUITE 105 CHARLESTOWN.

MA 02129

SCOTT SONNEMAKER 500 RUTHERFORD AVENUE, SUITE 105 CHARLESTOWN,

MA 02129



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

DELAWARE, DO HEREBY CERTIFY "CAMBRIDGE CROPS, 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 THIRTY-FIRST DAY OF MAY, 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 "CAMBRIDGE CROPS, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2016.

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

Authentication: 203448784

Date: 05-31-23