F230000004125

| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| Rec'dn3 | | | | |
| W2300001,2823 | | | | |

Office Use Only



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SCORETARY OF STATE

M. SOLOMON

JUL 17 2023

COVER LETTER

| TO: | Registration S Division of Co | | | | | | |
|----------|--|--|---|--|---|--|------------|
| SUBJ | JECT: | HILL & P Name of co | | st include suffix | | | _ |
| Dear S | Sir or Madam: | | | | | | |
| "Certi | ficate of Exister | ntion by Foreign Corpo ice," or "Certificate of G gn corporation to trans | Good Standing | and check are sub | | | |
| Please | return all corre | spondence concerning t | his matter to th | e following: | | | |
| M | ICHPOSL_ | A. MCMAHO | \sim | | | | |
| | | ,,, | Name of Perso | n | | | |
| <u></u> | ILL 9 P | | INC | | <u> </u> | | _ |
| | • | , | Firm/Company | | | ; :- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | 202: |
| <u> </u> | 15 MATHS | EWSON DRI | VE. | | | : 1/2 | _ <u>~</u> |
| | | | Address | | | | |
| | NEYMOU | TH , MA. | <u>0</u> | 1189 | | <u> </u> | 7 |
| | zmem a ho | on chilp smail address: (to | ity/State and Zi | p code | notification) | FLORIDA STATE | 14:1 Hd |
| For fu | orther informatio | n concerning this matte | r, please call: | | | | |
| MIC | Name of Pers | CM PHUN at (| Area Code | 471 - 79° Daytime Telep | 90 hone Number | | |
| | Registration S Division of C The Centre of | orporations Tallahassee roe Street, Suite 810 | | MAILING-A Registration-S Division of Co P:0::Box 632 (Tallahassee, F | section orporations | | |
| Please | sed is a check for make check paya 0.00 Filing Fee | or the following amount ble to: FLORIDA DEPA S78.75 Filing Fo Certificate of Si | RTMENT OF See & \$\Bigsigle \Bigsigle | STATE 3.75 Filing Fee & rtified Copy | \$87.50 Fil Certificate Certified (| e of Statu | ıs & |

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. | Hill & Partners, INC. | | | | | | | | | | | |
|----|---|------|--|--|--|--|--|--|--|--|--|--|
| | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.") | | | | | | | | | | | |
| | HILL & PARTNERS EXPERIENCE, INC. | | | | | | | | | | | |
| | (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | | | | | | | | | | | |
| 2. | (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | | | | | | | | | |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | | | | | | | | | |
| 4. | (Date of Incorporation) 5. (Date of duration, if other than perpetual) | | | | | | | | | | | |
| | (Date of incorporation) (Date of duration, if other than perpetual) | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | | | | | | | | | | | |
| 7. | 11700 LANDSTAN BLUD. SUITE 400 | | | | | | | | | | | |
| | (Principal office street address) | | | | | | | | | | | |
| | CRUANOC FURLDA 33834 (Current mailing address, if different) | | | | | | | | | | | |
| | (Current mailing address, if different) | | | | | | | | | | | |
| 8. | Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | - j. | | | | | | | | | | |
| | Registered Agents Inc | | | | | | | | | | | |
| Ω | Name: 7901 4th St N STE 300 Tice Address: | | | | | | | | | | | |
| J | 7901 4th St N STE 300 St. Petersburg 33702 Florida | C | | | | | | | | | | |
| | (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.

David Potents
(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.

| A. DIRECTORS | | | | |
|-----------------|--|------------------------|--------------------|---|
| ☐ Chairman | Name: MCHAEL MCMAHON | Chairman | Name: | |
| ☐Vice Chairman | Address: 112 PARSUNACE ST. | ☐Vice Chairman | Address: | |
| Director | MARSHFIELD MA. | Director | | |
| President | <u> </u> | President | | |
| ☐Vice President | | □Vice President | | |
| Ecretary | T reasurer | Secretary | | ☐ l'reasurer |
| Dther | Diher Declare | Other | <u></u> | Other |
| Chairman | Name: | □ Chairman | Name: | <u> </u> |
| □Vice Chairman | Address: | ☐Vice Chairman | | |
| Director | | Director | | |
| President | | □President | | |
| □Vice President | | | | 2023 |
| Secretary | reasurer | Secretary | | Treasurer: |
| Dther | Other | Dther | | □ Treasurer : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| | | | N | PH 1: LL OF STATE C. FLORIDZ |
| | Name: | □ Chairman | | |
| | Address: | □Vice Chairman | Address: | |
| Director | | Director | | <u> </u> |
| President | | □ President — | _ | |
| □Vice President | | □Vice President | | |
| ☐ Secretary | Treasurer | Secretary | | Treasurer |
| Other | Other | □Other | | Other |
| | Use an attachment to report more than six (6). The attae added to the index when filing your Florida Departme | ent of State Annual R | eport form. | |
| 12 | Signature of Director of | or Officer | | |
| | ctor signing this document (and who is listed in number also information submitted in a document to the Depart | r 11 above) affirms th | nat the facts stat | ed herein are true and that he or |

MICIPEI P. MCMAHON
(Typed or printed name and capacity of person signing application)

ROSSIDENT Y CEO.

William Francis Galvin Secretary of the Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

Date: June 05, 2023

To Whom It May Concern:

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

HILL & PARTNERS, 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

William Travino Galicin

Certificate Number: 23050727060

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

Processed by: cmo



June 20, 2023

MICHAEL A. MCMAHON 25 MATHEWSON DRIVE WEYMOUTH, MA 02189

SUBJECT: HILL & PARTNERS, INC.

Ref. Number: W23000062823

We have received your document for HILL & PARTNERS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

My MODOSIAS

Letter Number: 823A00013886

RECEIVED



May 22, 2023

MICHAEL A. MCMAHON 25 MATHEWSON DRIVE WEYMOUTH, MA 02189

SUBJECT: HILL & PARTNERS, INC.

Ref. Number: W23000062823

We have received your document for HILL & PARTNERS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 623A00011678

Mel Solomon Senior Section Administrator



May 1, 2023

MICHAEL A. MCMAHON 25 MATHEWSON DRIVE WEYMOUTH, MA 02189

SUBJECT: HILL & PARTNERS, INC.

Ref. Number: W23000062823

We have received your document for HILL & PARTNERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

www.sunbiz.org

Letter Number: 523A0009968F