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(F	Requestor's Name)	
	Address)	
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(<i>I</i>	Address)	
	27. (2. 4. 57. 57.	
((City/State/Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
	Document Number)	
,-	occanion realisary	
Certified Copies	Certificates of	Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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COVER LETTER

10:	Registration S Division of Co				
SUBJ	ECT:	LONG	FELLOW DES	IGN BUILD, INC	
			oration - must		
Dear S	Sir or Madam:				
"Certi	ficate of Existen	ation by Foreign Corporation," or "Certificate of Go gn corporation to transac	od Standing" a	ind check are sub	
Please	return all corres	spondence concerning thi	s matter to the	following:	
		DAVI	D L. TABER JI	R.	
			ame of Person		
		CONTRACT	OR LICENSIN	NG INC.	
			rm/Company		
		P.	O. BOX 2122		
			Address	,	
		MARCO	ISLAND, FL 3	4146	
			/State and Zip		
david(@contractorlicen	singinc.com			
-	•	E-mail address: (to b	e used for futu	re annual report r	notification)
For fu	rther informatio	n concerning this matter,	please call:		
	DAVID L. TA Name of Pers		239) 394 rea Code	-2300	h Nt
	Name of Feis	oli A	rea Code	Daytime Telep	none 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	
Please		or the following amount: ble to: FLORIDA DEPAR 578.75 Filing Fee Certificate of Stat	& □ \$78.7	ATE '5 Filing Fee & fied 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.

(Enter name of c	W DESIGN BUILD, INC. corporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	'orp," "Inc," "Co." or "Согр.")			
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)		
2. MASSACHUS	ETTS 3. 46 ry under the law of which it is incorporated)	-3553462		
(State or counti	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. <u>08/30/2013</u>	5	(Date of duration, if other than perpetual)		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration)		
	(388 380 11013 007.1301 & 007.1302	, r.s., to determine penalty hability)		
7. <u>850 MAIN STRI</u>	EET, FALMOUTH, MA 02540			
	(Principal office	street address)		
	(0)	10.100		
	(Current mailing a	address, if different)		
O. Managara 4 - 4 4	and the office of the state of	NOT		
8. Name and stre	et address of Florida registered agent: (P.O. I	30x NOT acceptable)		
Name:	CONTRACTOR LICENSING INC.	_		
Office Address:	601 E. ELKCAM CIRCLE, UNIT B-1			
	MARCO ISLAND	Florida 34145		
	(City)	, Florida <u>34145</u>		
0 - D		(Zip code)		
9.	ent's acceptance: ned as registered agent and to accept service	of process for the above stated corporation at the place		
designated in this	s application, I hereby accept the appointmen	nt as registered agent and agree to action this capacity,		
further agree to o	comply with the provisions of all statutes rela	tive to the proper and complete performance of my lut		
and I am familia	r with and accept the obligations of my positi	on as registered agent.		
	2 — 1	m 2		
_	Ond . President			
	(Registered agent's sign	ature)		

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.

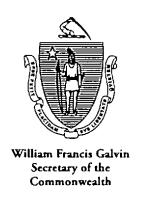
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Name: _____ □ Chairman □Chairman Name: MARK BOGOSIAN □ Vice Chairman Address: 850 MAIN STREET □ Vice Chairman Address: FALMOUTH, MA 02540 □ Director **M**Director ☐ President President ☐ Vice President ☐ Vice President __ □ Treasurer □ Secretary □Treasurer □ Secretary □Other ______ □Other _____ □ Other _____ □Other _____ Name: _____ □ Chairman ☐ Chairman Address: _____ □Vice Chairman Address: _____ □ Vice Chairman Director □ Director □President ☐ President □Vice President _ ☐ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ Other ____ Other _____ Other _____ □ Chairman Name: ______ □ Chairman Name: ☐ Vice Chairman Address: □ Vice Chairman Address: Director □ Director ☐ President □ President □Vice President □Vice President _____ □ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □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.

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. MARK BOGOSIAN, Pres. Dir (Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

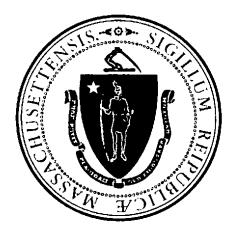
Date: August 17, 2023

To Whom It May Concern:

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

LONGFELLOW DESIGN BUILD, 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 Travers Galetin

Certificate Number: 23080374510

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

Processed by: pho