To: Page: 2 of 5 2024-01-05 14:01:00 PST 19548277645 From: Kaity Toon

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From:

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FOREIGN PROFIT/NONPROFIT CORPORATION MOUNT AUBURN PROFESSIONAL SERVICES LLC

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19548277645

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| 78T | BURN PROFESSIONAL SERVICES, INC | |
|---|--|--|
| import in langua in the name at p | ration: must include the word "INCORPOR age as will clearly indicate that it is a corpor arcsent, "Company" or "Co." may not be use | RATED" or "CORPORATION" or words or abbreviations of like ration instead of a naturni person or partnership if not so contained ed as a corporate suffix by a nonprofit corporation.) |
| (II name unava | silable in Florida, enter alternate corporate r | name adopted for the purpose of transacting business in Florida) |
| Massachusette | , | 3 04-3026897 |
| (State or equi | ntry under the hiss of which it is incorporate | 3. 04-3026897 ed) (PET number, if applicable) |
| 10/05/1988 | | 5 |
| ·(C | Date of Incorporation) | 5. (Date of duration, if other than perpetual) |
| 71500 TOTAL TOTAL | hand affaire in Plantin II astor to maisterne | See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) |
| | | |
| 330 Mount Au | ihiin Street, Cambridge, MA 02138 | |
| • | (Principal | office street address) |
| | | |
| 20 University F | Road, Suite 700, Cambridge, MA 02138 | iing address, il dillerent) |
| | (Chitem man | ting address. If officienty |
| | | |
| Primary Care | | |
| (Purpose(s) of o | corneration authorized in home state or cou- | intry to be carried out in the state of Florida) |
| • | *************************************** | |
| - | | (P.O. Box NOT acceptable) |
| - | eet address of Florida registered agent: (| (P.O. Box <u>NOT</u> acceptable) |
| . Name and <u>stre</u> | eet address of Florida registered agent: | |
| . Name and <u>stri</u> | eet address of Florida registered agent: | |
| . Name and <u>stri</u> | eet address of Florida registered agent: | |
| . Name and <u>stre</u> | eet address of Florida registered agent: | |
| . Name and <u>stre</u> | eet address of Florida registered agent: | |
| . Name and <u>stri</u> | eet address of Florida registered agent: | (P.O. Box <u>NOT</u> acceptable) Florida 33324 (Zip Code) |
| Name and <u>stra</u> Name: Office Address: | C T Corporation System 1200 South Pine Island Road Plantation (City) Lagent's acceptance: | Florida 33324 (Zip Code) |
| Name and <u>stra</u> Name: Office Address: 10. Registered faving been nalesignated in th | C T Corporation System 1200 South Pine Island Road Plantation (City) 1 agent's acceptance: amed as registered agent and to accept the annitoring application. I hereby accept the annitorial acceptance. | Florida 33324 (Zip Code) service of process for the above stated corporation at the place wintment as registered agent and agree to act in this capacity. It descretative to the proper and complete performance of my duti |
| Name and <u>stra</u> Name: Office Address: 10. Registered faving been nalesignated in th | C T Corporation System 1200 South Pine Island Road Plantation (City) 1 agent's acceptance: amed as registered agent and to accept his application, I hereby accept the apply o comply with the provisions of all state | Florida 33324 (Zip Code) service of process for the above stated corporation at the place of interesting the place of the registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my duting position as registered agent. |
| Name and straction Name: Office Address: 10. Registered Having been nates in the interview of the interview | C T Corporation System 1200 South Pine Island Road Plantation (City) 1 agent's acceptance: amed as registered agent and to accept his application, I hereby accept the application of all status far with and accept the obligations of all status far with and accept the obligations of all status far with and accept the obligations of all status for the obligations of all status | Florida 33324 (Zip Code) service of process for the above stated corporation at the place wintment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my dutions position as registered agent. |
| Name and sure Name: Office Address: 10. Registered Having been na lesignated in the further weree to | C T Corporation System 1200 South Pine Island Road Plantation (City) 1 agent's acceptance: imed as registered agent and to accept nis application, I hereby accept the application of all statu- iar with and accept the obligations of in C T Corporation Syst By SEANL EMERICK, ASSISTANT SECRETARY | Florida 33324 (Zip Code) service of process for the above stated corporation at the place outtment as registered agent and agree to act in this capacity, ites relative to the proper and complete performance of my dutiny position as registered agent. |

11. 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.

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

| A. DIRECTO! CContinue | RS Edwin Huang Name: | _ | Name Cindy Rios |
|--|--|---|---|
| ©Vice Chairman | Address: | | Address: |
| ☑ Director | 330 Mt. Auburn Street | _• . | 20 University Rd., State 700 |
| 🖸 President | Cambridge, MA 02138 | 477 1 | Cambridge, MA 02138 |
| □ Vice President | | DVice President | |
| Secretary | Treasurer | ☐ Secretary | □ Treasurer |
| Other: | □ Other: | TOther: | |
| l'Chairman | Aaron Fishman Name: | 🗀 Chairman | Nune: Jamie Katz |
| 2Vice Chamman | Address: | _ □ Vice Chairman | Address: |
| Director | 330 Mt. Anburn Street | _ Diffrector | 20 University Rd., Suite 700 |
| President | Cambridge, MA 02138 | _ □President | Cambridge, MA 02138 |
| Vice Presiden: | | _ □Vice President | |
| Secretary | □'Treasurer | © Secretary | ⊞Treasurer |
| Other: | asurer Other: | Other: | Other: |
| Chairman | Name: | Chairman | Jacqueline Spencer Name: |
| Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | 529 Main St, 5th Ploor | EDirector | 330 Mt. Auburn Street |
| President | Boston, MA 02129 | □Presiden: | Cambridge, MA 02138 |
| Vice President | | (Il Vice President | |
| Secretary | ☐ Treasurer | ☐ Secretary | [2]Treasurer |
| Other: Asst. Sec | retary Other: | □Other: | DOther: |
| OTE: <u>Important</u> Ion-indexed indiv | Notice: Use an attachment to report more the iduals may be added to the index when filing the control of Chairman. Vice Chairman, or | nan six (6). The attachment w g your Florida Department of any officer listed in number | vill be imaged for reporting purposes on f State Annual Report form. |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02138

Date: December 29, 2023

To Whom It May Concern:

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

MOUNT AUBURN PROFESSIONAL SERVICES, INC.

is a domestic corporation organized on October 05, 1988

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws. Chapter 180, Section 11, 11A, or 11B; 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

llian Tranino Gallein

Certificate Number: 23120514810

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

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