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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Business Knowledge Service	s, Inc.		
SOBILET.	Name (of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ing" and check are submi	
Please return	all correspondence concerni	ng this matter t	o the following:	
Elysa Seymour				
		Name of P	erson	
Business Knov	vledge Services, Inc.			
		Firm/Comp	any	
27 Charles Stre	eet			
	<u>-</u>	Addres	s	
Holliston, MA	01746			
		City/State and	d Zip code	
accounting@bl				
	E-mail address	: (to be used fo	r future annual report not	ification)
For further in	formation concerning this m	atter, please ca	W :	
Elysa Seymoui				
Nam	e of Person	Area Code	Daytime Telepho	ne 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	
	check for the following amoreck payable to: FLORIDA Ding Fee S78.75 Filin Certificate of	EPARTMENT (g Fee & □		 \$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.

Business Knowledge Services, Inc.					
	orporation; must include "INCORPORATED," " forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	" "		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)		
Massachusetts 3. 61-14		1403730			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
02/04/2002	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
12/11/23					
	(Date first transacted business in F				
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability	y)		
27 Charles Street	, Holliston, MA 01746				
	(Principal office	street address)	2023 SEC TA		
			ACCEPT.		
	(Current mailing a	ddress, if different)	≥ C -		
			ANAS		
Name and stree	et address of Florida registered agent: (P.O. E	Sox NOT acceptable)	90 P		
Name:	Business Filings Incorporated		માં હાજ છે		
Office Address:	1200 South Pine Island Road	_	O.		
	Plantation	, Florida ³³³²⁴			
	(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.

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: Thomas Seymour	□Chairman	Name:			
□Vice Chairman	Address: 27 Charles Street	□Vice Chairman	Address: 27 Charles Street			
Director	Holliston, MA 01746	□Director	Holliston, MA 01746			
President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□ Secretary	■ Treasurer			
□Other	□ Other	□ Other	□Other			
□ Chairman	Thomas Seymour	□Chairman	Name: Elysa Seymour			
□Vice Chairman	27 Charles Street Address:	□Vice Chairman	Address: 27 Charles Street			
Director	Holliston, MA 01746	□Director	Holliston, MA 01746			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	□Treasurer			
Other	Other	Other	Other			
□ Chairman	Name:	□ Chairman	Name: Elysa Seymour			
	Address:	□Vice Chairman	Address: 27 Charles Street			
□Director		Director	Holliston, MA 01746			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐Secretary	Treasurer			
□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. 12. 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						

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 o 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. Elysa Seymour



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

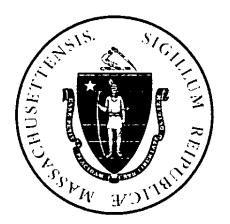
Date: November 14, 2023

To Whom It May Concern:

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

BUSINESS KNOWLEDGE SERVICES, INC.

is a domestic corporation organized on **February 04, 2002**, under the General Laws of the 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

Certificate Number: 23110239830

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

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