

2/29/2024 08:34:02 PST

To: 18506176383

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2/29/24, 11:29 AM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Preservica Inc.

Certificate of Status	0
Certified Copy	4
Page Count	01
Estimated Charge	\$105.00

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2024 FEB 29 PM 1:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 FEB 29 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR - 1 2024

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. Preservice Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/07/2014 5. _____
(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. 50 Milk Street FL 16 Boston MA 02109
(Principal office street address)
- 50 Milk Street FL 16 Boston MA 02109
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(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 Roberts

(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.

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Michael Quinn

☐ Vice Chairman Address: _____

☒ Director 50 Milk Street, 16th Floor

☒ President Boston MA 02109

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Stephanie Elliott

☐ Vice Chairman Address: _____

☐ Director 32 The Quadrant Abingdon Science Park

☐ President Abingdon Oxon OX14 3YS

☐ Vice President ENGLAND

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Ian Stephens

☐ Vice Chairman Address: _____

☐ Director 32 The Quadrant Abingdon Science Park

☐ President Abingdon Oxon OX14 3YS

☐ Vice President ENGLAND

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jonathan Tilbury

☐ Vice Chairman Address: _____

☐ Director 32 The Quadrant Abingdon Science Park

☐ President Abingdon Oxon OX14 3YS

☐ Vice President ENGLAND

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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]
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. STEPHANIE ELLOTT - Secretary
(Typed or printed name and capacity of person signing application)

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2024 FEB 29 PM 4:02
JALAHASSI, FLORIDA
CLERK OF THE COURT

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESERVICA 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESERVICA INC." WAS INCORPORATED ON THE SEVENTH DAY OF MARCH, A.D. 2014.

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

FILED
2024 FEB 29 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State