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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/13/2024				
Name:	Patrice Rush				
Reference	#:2370376				
	e:	HASLAW, INC.			
✓ Artic	cles of Incorporation/Autho	rization to Transact Business			
Ame	endment				
☐ Cha	nge of Agent				
☐ Reir	Reinstatement				
Con	☐ Conversion				
☐ Mer	☐ Merger				
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized	Amount: \$70.0	00			
Signature:	(Pret)				

F: +852.2682.9790



05/13/2024

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	7/10/2024	
Name:	Patrice Rush	
Reference #:	2370376	
		ASLAW, INC.
<u>—</u>	of Incorporation/Authorizat	ion to Transact Business
☐ Amendn		
∐ Change	of Agent	
Reinstat	ement	
Convers	ion	
☐ Merger		
Dissolut	on/Withdrawal	
Fictitious	Name	
Other_		
Authorized Amo	ount: \$70.00	
Signature:	(Pall	

F: +852.2682.9790

COVER LETTER

TO:		tration Section ion of Corporations					
SUBJ	ECT:	HASLAW, Inc.					
0020	~~	Name	of corporation	ı - musi	include suffix		
Dear S	ir or M	adam:					
"Certif	ficate of	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Star	iding" a	ınd check are subi	t Business in Florida," nitted to register the	
Please	return :	all correspondence concerr	ning this matte	r to the	following:		
Eneida	Bennet	t, Paralegal					
			Name of	Person			
Hinckl	cy, Allc	n & Snyder LLP					
			Firm/Con	npany			
100 W	estmins	er Street, Suite 1500					
			Addr	ess			
Provid	ence, RI	02903					
			City/State a	ınd Zip	code		
ebenne	tt@hinc	kleyallen.com					
		E-mail addres	ss: (to be used	for futu	re annual report n	otification)	
For fur	ther in	formation concerning this r	natter, please	call:			
Eneida	Bennet	t, Paralegal	at (401)	7-5188		
	Nam	e of Person	Area Cod	le	Daytime Teleph	one Number	
	Regis Divis: The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 massee, FL 32303			MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations	
Please r	make ch	check for the following am eck payable to: FLORIDA D ing Fee	DEPARTMENT ng Fee & - [3 \$78.7	CATE 25 Filing Fee & fied Copy	☐ \$87.50 Filing Fee Certificate of Sta Certified Copy	

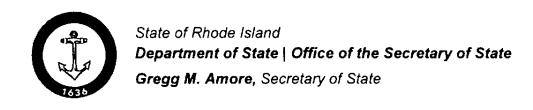
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

HASLAW, Inc.				<u>-</u>
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		
(ICila	ible in Florida, enter alternate comprate nar	ne adopted for the purpose of transacting business	s in Florida)	-
2. Rhode Island	y under the law of which it is incorporated)	3(FEl number, if applicable)		-
(State or country	,			
4. July 11, 1997		5. (Date of duration, if other than perpe	IV	-
(Date of incorporation)		(Date of duration, if other than perpe	(Date of duration, if other than perpetual)	
6. Upon registratio				_
	(SEE SECTIONS 607.1501 & 607	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
_ 100 Westminster	Street, Suite 1500, c/o Hinckley, Allen & S	Snyder LLP, Providence, RI 02903		
1	(Principal	office street address)		_
	(Current ma	illing address, if different)		,
			Ĺi.	
8. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	1.7	
<u> </u>	Ira L. Libanoff	•	YYH 1.707	-
Name:				
Office Address:	7901 SW 6th Court, Suite 300	<u></u>		
	Ft. Lauderdale, FL	, Florida 33324	≅	,
	(City)	, Florida (Zip code)	€.	1967
	(City)	(3.4)	သ ထ	
9. Registered age	ent's acceptance:			nlane
Having been nam	ted as registered agent and to accept se	ervice of process for the above stated corpord intment as registered agent and agree to act	in this cape	piace acity. I
fuether garee to c	omply with the provisions of all statute	es relative to the proper and complete perjoi	mance of n	ny duties,
and I am familia	with and accept the obligations of my	position as registered agent.		
_				
	(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	Patrick A. Rogers	□ Chairman	Mark F. O'Leary
	Address:	□ Vice Chairman	Address:
□Vice Chairman	Suite 1500	■Director	Boston, MA 02109
Director	Providence, RI 02903	□President	
President			
☐ Vice President		□Vice President	_
Secretary	Treasurer	☐ Secretary	Treasurer
□Other	Other	Other	Other
□ Chairman	Name: Thomas S. Marrion 20 Church Street	□Chairman	Mark S. McCue Name: 650 Elm Street Address:
∐Vice Chairman	Address:	□Director	Manchester, NH 03101
□Director □President		President	
		■ Vice President	
Secretary	☐Treasurer	Secretary	Treasurer
Other	Other	Other	Other
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
□Director		Director	
President		President	
☐ Vice President		☐ Vice President	
Secretary	☐Treasurer	Secretary	Treasurer
Other	Other	Other	Other
The officer or direction is aware that the state of the s	Use an attachment to report more than six (6). The attachment to the index when filing your Elorida Departs Signature of Director ector signing this document (and who is listed in num false information submitted in a document to the Departs of Director Rogers, President and Director	r or Officer	hat the facts stated herein are true and that he or
13. <u>1 au CK 7. 1</u>	(C	rson signing applicatio	n)



CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

HASLAW, Inc.

is a Rhode Island Business Corporation organized on July 11, 1997. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Trey on Course

May 13, 2024

The state of the s

Secretary of State

Certificate Number: 24050045770

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli