F24000003060

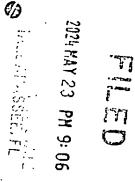
(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	





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05/23/24--01023--003 ++87.50



COVER LETTER

TO:	_	rgistration Section vision of Corporations			
eun i	ECT: E4TheFutu	re Inc			
SOBJ	ECT:	Name of Corporation	on – must ir	iclude suffix	
Dear S	ir or Madam:				
Affairs	s in Florida", "Ce	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporati	ertificate of	Status" and che	eck are submitted to
Please	return all corresp	ondence concerning this ma	tter to the fo	ollowing:	
	Paula M	-			
		Name o	f Person		
	E4TheF	iture Inc			
		Firm/C	Company		
	430 Frau	ıklin Village Drive			
	#219				
		Ad	dress		
	Franklin	MA 02038			
		City/State a	nd Zip Code	2	
	pmenulty	@e4thefuture.org			
	E-n	nail address: (to be used for	future annua	ıl report notifica	ition)
For fu	rther information	concerning this matter, plea	se call:		
Paula	McNulty	at (774	777-5121	
	Name (at (Area Code	Daytime Tel	ephone Number
Mailing Address: Registration Section		ection	Regist	Address: tration Section	tions
Division of Corporations P.O. Box 6327		•	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303		eet, Suite 810			
Enclos	sed is a check for	the following amount:			
Please	make check payabl 0.00 Filing Fee	e to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□\$78.75 I	TE Filing Fee & Ted Copy	Certificate of Status & Certified Copy

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:

Massachusetts [State or country under the law of which it is incorporated) [State or country under the law of which it is incorporated) [Obate of Incorporation] [May 6, 2024 - one employee is working remotely in Florida [Obate Inst conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.] 5 Ashbury Drive Franklin MA 02038 [Principal office street address] 430 Franklin Village Drive #219 Franklin MA 02038 [Current mailing address, if different] Administrative - one employee will be working remotely from Florida [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc Name: Cogency Global Inc Tallahassee (City) Florida 32301 (Zip Code)	(16	20.11 (20.11)	4 . 46	s harainana in E	lanida)
(State or country under the law of which it is incorporated) 1985 (Date of Incorporation) May 6, 2024 - one employee is working remotely in Florida (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability.) 5 Ashbury Drive Franklin MA 02038 (Principal office street address) 430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different)	(II name unava	manie in Fiorida, enter анстале согр	porate name adopted for the purpose of transacting	g business in r	iorida)
(Date of Incorporation) May 6, 2024 - one employee is working remotely in Florida (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability.) 5 Ashbury Drive Franklin MA 02038 (Principal office street address) 430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different)	Massachusett	S	3, 22-2547170		
May 6, 2024 - one employee is working remotely in Florida (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability.) 5 Ashbury Drive Franklin MA 02038 (Principal office street address) 430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different)	(State or cou	ntry under the law of which it is inco	orporated) (FEI number, if applied	able)	
May 6, 2024 - one employee is working remotely in Florida (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability.) 5 Ashbury Drive Franklin MA 02038 (Principal office street address) 430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different)	1985		5		
5 Ashbury Drive Franklin MA 02038 (Principal office street address) 430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different) Administrative - one employee will be working remotely from Florida	(1	Date of Incorporation)	(Date of duration, if other t	han perpetual)	
5 Ashbury Drive Franklin MA 02038 (Principal office street address) 430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different) Administrative - one employee will be working remotely from Florida	May 6, 2024	one employee is working remotely	in Florida		
430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different) Administrative - one employee will be working remotely from Florida			stration. See sections 617.1501 & 617.1502, F.S. to e	determine pena	lty liability.)
430 Franklin Village Drive #219 Franklin MA 02038 (Current mailing address, if different) Administrative - one employee will be working remotely from Florida	5 Ashbury Dri	ve Franklin MA 02038			
(Current mailing address, if different) Administrative - one employee will be working remotely from Florida		(Pr	incipal office street address)		
(Current mailing address, if different) Administrative - one employee will be working remotely from Florida	400 P 141 3		20		
Administrative - one employee will be working remotely from Florida	430 Franklin V	mage Drive #219 Franklin MA 020.	38	· 	
Administrative - one employee will be working remotely from Florida (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc flice Address: 115 North Calhoun Street Suite 4 Tallahassee , Florida 32301 (City) (Zip Code)		Curre	ent maning address; if different)		
Administrative - one employee will be working remotely from Florida (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc Tallahassee Tallahassee Tallahassee Telorida (City) (City) (Zin Code)					
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Name: Cogency Global Inc Florida State Cogency Global Inc Cogen	Administrative (Purpose(s) of	e - one employee will be working rer corporation authorized in home state	motely from Florida or country to be carried out in the state of Florida	(b)	2024
Name: Cogency Global Inc 115 North Calhoun Street Suite 4 115 North Calhoun Street Suite 4 117 118 118 119	-	e - one employee will be working reacorporation authorized in home state	motely from Florida or country to be carried out in the state of Florida agent: (P.O. Box NOT acceptable)	()	2024 MA
ffice Address: 115 North Calhoun Street Suite 4 Tallahassee , Florida 32301	Name and str	e - one employee will be working rer corporation authorized in home state eet address of Florida registered a	motely from Florida or country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable)	(b)	2024 HAY 2
Tallahassee , Florida 32301 , Florida (Zip Code)	Name and str	e - one employee will be working reactorporation authorized in home state eet address of Florida registered a Cogency Global Inc	motely from Florida or country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable)		2024 HAY 23
Florida 32301 (Zip Code)	Name and str	e - one employee will be working rerectorporation authorized in home state eet address of Florida registered a Cogency Global Inc 115 North Calhoun Street Suite 4	motely from Florida or country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable)		2024 HAY 23 PH
	Name and str	e - one employee will be working rerectorporation authorized in home state eet address of Florida registered a Cogency Global Inc 115 North Calhoun Street Suite 4	motely from Florida or country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable)		2024 HAY 23 PH 9:
(3.4)	Name and str	c - one employee will be working rerecorporation authorized in home state eet address of Florida registered a Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee	notely from Florida or country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable) Florida 32301	D STATE OF THE STA	2024 HAY 23 PH 9: 06
0. 0. 14. 1	. Name and <u>str</u> Name: office Address:	eet address of Florida registered a Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City)	notely from Florida for country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable) , Florida 32301		2024 HAY 23 PH 9: 06
 Registered agent's acceptance; aving been named as registered agent and to accept service of process for the above stated corporation at the plas 	Name and str Name: ffice Address: 0. Registered	eet address of Florida registered a Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City) Lagent's acceptance:	, Florida 32301 (Zip Code)		
aving been named as registered agent and to accept service of process for the above stated corporation at the plac signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity	Name and str Name: Tice Address: D. Registered aving been no	Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City) Lagent's acceptance: Inmed as registered agent and to a six application. I hereby accept the	Agent: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip Code) Accept service of process for the above stated the appointment as registered agent and agre	corporation e to act in this	at the placity
aving been named as registered agent and to accept service of process for the above stated corporation at the plac signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my di	Name and str Name: Tice Address: D. Registered aving been na signated in the	Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City) Lagent's acceptance: Inmed as registered agent and to a ris application, I hereby accept the comply with the provisions of a	agent: (P.O. Box <u>NOT</u> acceptable) , Florida \(\frac{32301}{(\text{Zip Code})} \) accept service of process for the above stated the appointment as registered agent and agreal statutes relative to the proper and complete	corporation e to act in this	at the placity
aving been named as registered agent and to accept service of process for the above stated corporation at the plac signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my di	Name and str Name: ffice Address: 0. Registered aving been na esignated in the	Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City) Lagent's acceptance: Inmed as registered agent and to a ris application, I hereby accept the comply with the provisions of a	agent: (P.O. Box <u>NOT</u> acceptable) , Florida \(\frac{32301}{(\text{Zip Code})} \) accept service of process for the above stated the appointment as registered agent and agreal statutes relative to the proper and complete	corporation e to act in this	at the placity
aving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity or the agree to comply with the provisions of all statutes relative to the proper and complete performance of my distant and accept the obligations of my position as registered agent.	Name and str Name: ffice Address: 0. Registered aving been no exignated in the	Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City) I agent's acceptance: imed as registered agent and to a six application, I hereby accept the comply with the provisions of accept the ar with and accept the obligation.	agent: (P.O. Box <u>NOT</u> acceptable) , Florida \(\frac{32301}{(\text{Zip Code})} \) accept service of process for the above stated the appointment as registered agent and agreal statutes relative to the proper and complete	corporation e to act in this	at the placity
O. Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my during I am familiar with and accept the obligations of my position as registered agent. Kathryn Christener, Assistant Secretary	Name and str Name: ffice Address: 0. Registered laving been no exignated in the	Cogency Global Inc 115 North Calhoun Street Suite 4 Tallahassee (City) I agent's acceptance: imed as registered agent and to a six application, I hereby accept the comply with the provisions of accept the ar with and accept the obligation.	. Florida 32301 . Florida (Zip Code) accept service of process for the above stated the appointment as registered agent and agree all statutes relative to the proper and completents of my position as registered agent.	corporation e to act in the	at the placity

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. DIRECTOR	S Patricia Stanton Name:	□Chairman	Name: Paula McNulty
□Vice Chairman	6 Armstrong Lane	□Vice Chairman	441 Sorrento Rd Address:
□ Director	Scarborough ME 04074	□ Director	Poinciana FL 34759
		□President	
□ President			
		□Vice President	
☐ Secretary Executive	☐ Treasurer e Director ☐	■Secretary Denuty I	□Treasurer Director
■Other:	Other:	■Other:	Other:
■ Chairman	Name: David O'Connor	□Chairman	Name:
□Vice Chairman	Address: 430 Franklin Village Drive	□Vice Chairman	Address:
□Director	#219	□Director	
□President	Franklin MA 02038	□President	
□Vice 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:
Non-indexed indiv	t Notice: Use an attachment to report more than solduals may be added to the index when filing you (Signature of Chairman) Vice Chairman, or any caty, Deputy Director and Secretary (Typed or printed name and capacity of	ur Florida Department o	of State Annual Report form. 12 of the application)



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

Date: April 26, 2024

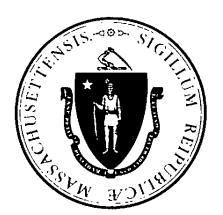
To Whom It May Concern:

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

E4THEFUTURE, INC.

is a domestic corporation organized on August 07, 1984

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

William Travis Galein

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 24040483510

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

Processed by: