F24000003791

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
:				





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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Ecential Robotics, Inc	:.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Certiabove referenced foreign corporations."	tificate of Good Stan	iding" and check are submit	Business in Florida." tted to register the	
Please return all correspondence co	oncerning this matter	r to the following:		
Jinal Vakil				
	Name of	Person		
360Learning Inc.				
	Firm/Con	npany		
185 Alewife Brook Pkwy Ste 210				
	Addr	ess	-	
Cambridge MA 02138				
	City/State a	nd Zip code		
jinal.vakil@zedra.com				
E-mail a	iddress: (to be used	for future annual report noti	ification)	
For further information concerning	,			
Jinal Vakil	at (617	5762005		
Name of Person	Area Cod	le Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<u> </u>	IDA DEPARTMENT	F OF STATE ☐ \$78.75 Filing Fee & Certified Copy	 \$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.

	es, Inc.		
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," 'orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busine	ess in Florida)
		5 2026080	
(State or countr	$\frac{3. \frac{8}{\text{y under the law of which it is incorporated}}$	(FEI number, if applicable	
03/19/2020			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
185 Alewife Broo	ok Pkwy Ste 210 Cambridge MA 02138		
	(Principal office	street address)	
185 Alewife Bro	ok Pkwy Ste 210 Cambridge MA 02138		
	(Current mailing	address, if different)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		Box NOT acceptable)	21 Tait 4705
	Registered Agent Solutions, Inc.		. =
Name:	2001 David and Country Sec. 1		-5
Tice Address:	2894 Remington Green Ln Ste. A	<u> </u>	<u></u>
Talla	Tallahassee	, Florida 32308 (Zip code)	
	(City)	(Zip code)	2

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

under the law of which it is incorporated.

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

Name:	□Chairman	Name: Benjamin Colas	
Address: 185 Alewife Brook Pkwy Ste 210	□Vice Chairman	Address: 185 Alewife Brook Pkwy Ste 210	
Cambridge MA 02138	□Director	Cambridge MA 02138	
	□President		
	□Vice President		
□Treasurer	■ Secretary	■ Treasurer	
Other	□Other	Other	
Name:	□Chairman	Name:	
Address:	□Vice Chairman	Address:	
	Director		
	□President		
	□Vice President		
□Treasurer	□ Secretary	□Treasurer	
Other	□Other	Other	
Name:	□Chairman	Name:	
Address:	□Vice Chairman	Address:	
	□Director	·	
	□President		
	□Vice President		
□Treasurer	□Secretary	□Treasurer	
	Other		
Chabanas Signature of Director signing this document (and who is listed in numbralse information submitted in a document to the Department)	or Officer	hat the facts stated herein are true and that he or	
	Name:	Name: Laurence Chabanas Chairman Address: 185 Alewife Brook Pkwy Ste 210 Ovice Chairman Cambridge MA 02138 Director	



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903 JUL - 5 2024

8840608 JINAL VAKIL 185 ALEWIFE BROOK PKWY STE 210 CAMBRIDGE, MA 02138 06-28-2024

DESCRIPTION		AMOUNT
7907317 - ECENTIAL ROBOTICS, INC.		
Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	BALANCE	\$0.00





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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECENTIAL ROBOTICS, 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-EIGHTH DAY OF JUNE, A.D.

2024.



Authentication: 203829501

Date: 06-28-24