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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 884957 7688471

AUTHORIZATION :

COST LIMIT : \$ 70.0

ORDER DATE: January 8, 2025

ORDER TIME : 1:04 PM

ORDER NO. : 884957-045

CUSTOMER NO: 7688471

FOREIGN FILINGS

NAME: SAPPHIRE SOFTWARE SERVICES,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	orporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp." "Inc," "Co," or "Corp.")		
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Delaware	3.	99-4819507	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/18/2024	5.		
	of incorporation)	(Date of duration, if other than perpetual)	
02/01/2025			
		n Florida, if prior to registration) 502. F.S., to determine penalty liability)	
800 District Ave,	Burlington, MA 01803	,, ,	
	(Principal of	ice <u>street</u> address)	
	·		
•	(Current maili	ng address, if different)	
		ng address, it different) 57	
Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	
Name:	Corporation Service Company	5. Box 1.101 acceptancy	
(Name:	1201 Have Count		
ffice Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(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.

Corporation Service Company

By (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 Behdad Eghbali Dipanjan Deb Chairman Name: _ □Chairman 800 District Ave., Ste. 201 800 District Ave., Stc. 201 □Vice Chairman Address: □Vice Chairman Address: Burlington, MA 01803 Burlington, MA 01803 Director **■**Director □ President □President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer Other _____ □Other _____ □Other _____ □Other _____ Name: Brian Decker Prashant Mehrotra □Chairman □ Chairman Name: 800 District Ave., Ste. 201 800 District Ave., Ste. 201 □Vice Chairman Address: □ Vice Chairman Address: Burlington, MA 01803 Burlington, MA 01803 ■ Director ■Director □President □President ☐Vice President ■ Vice President ☐Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other ____ ☐ Other _____ Sean Courtney Evan Daar □ Chairman □Chairman Name: 800 District Ave., Ste. 201 800 District Ave., Stc. 201 □Vice Chairman Address: □Vice Chairman Address: Burlington, MA 01803 Burlington, MA 01803 Director Director ☐ President □ President ☐ Vice President ■ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other_____ □Other _____ Other Important Notice: Use at attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be wided in the index when filing your Florida Department of State Annual Report form. 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. Ed Loftus, CFO

11.A. Director(s) (Continued)

Name	Title	Address
Mark Ties	Director	800 District Ave., Ste. 201, Burlington, MA 01803
Jason Schmitt	Director &CEO	800 District Ave., Ste. 201, Burlington, MA 01803
Edward Loftus	President, Chief Financial	800 District Ave., Ste. 201, Burlington, MA 01803
	Officer and Treasurer	
Fred Ebrahemi	Vice President	800 District Ave., Ste. 201, Burlington, MA 01803
Pedro Urrutia	Vice President	800 District Ave., Ste. 201, Burlington, MA 01803
Joy Burkholder Meier	Chief Legal Officer	800 District Ave., Ste. 201, Burlington, MA 01803
Mehdi Khodadad	Secretary	800 District Ave., Ste. 201, Burlington, MA 01803

Page 1

Delaware

The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "SAPPHIRE SOFTWARE SERVICES, 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
JANUARY, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAPPHIRE SOFTWARE SERVICES, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2024.

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

Kristopher E. Knight, Acting Secretary of State
Authentication: 202796269

Date: 01-28-25

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