

M17000005073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 22 PM 3:56

FILED

3/7/23
V.L.N.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRONT END ANALYTICS LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Maskell

Name of Person

Maskell Law PLLC

Firm/Company

937 N. Daniel St.

Address

Arlington, VA 22201

City/State and Zip Code

Ben@MaskellLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Maskell

at (703) 568-4523

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:



\$25 Filing Fee



\$30 Filing Fee &
Certificate of Status



\$55 Filing Fee &
Certified Copy



\$60 Filing Fee,
Certificate of Status &
Certified Copy

yes

no

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: FRONT END ANALYTICS LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: MI7000005073

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: June 14, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PredictiveIQ LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Benjamin E. Maskell
Signature of the authorized representative

Benjamin E. Maskell

Typed or printed name of signee

Filing Fee: \$25.00



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

December 7, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

PREDICTIVEIQ LLC
(ORGANIZED AS: FRONT END PRODUCT DEVELOPMENT SOLUTIONS LLC)

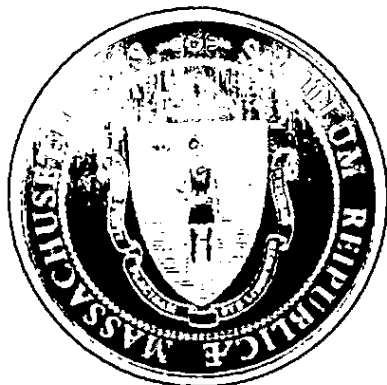
in accordance with the provisions of Massachusetts General Laws Chapter 156C
on **November 19, 2012**.

I also certify that the following amendments to said Limited Liability Company have been filed:

Amendment filed: January 3, 2013

Amendment filed within an Annual Report: November 23, 2022

I further certify that no other amendment to said certificate of organization has been filed; that, said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Amendment
(General Laws, Chapter)

Federal Employer Identification Number: 001092447 (must be 9 digits)

The date of filing of the original certificate of organization: 11/19/2012

1.a. Exact name of the limited liability company: FRONT END PRODUCT DEVELOPMENT SOLUTIONS LLC

1.b. The exact name of the limited liability company as amended, is: FRONT END ANALYTICS LLC

2a. Location of its principal office:

No. and Street: 527 VFW PARKWAY
City or Town: CHESTNUT HILL State: MA Zip: 02467 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: UNITED STATES CORPORATION AGENTS, INC.
No. and Street: 101 BILLERICA AVE., BLDG. 5, SUITE 204
City or Town: NORTH BILLERICA State: MA Zip: 01862 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	JUAN F. BETTS	527 VFW PARKWAY CHESTNUT HILL, MA 02467 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JUAN F. BETTS	527 VFW PARKWAY CHESTNUT HILL, MA 02467 USA

9. Additional matters:

10. State the amendments to the certificate:

THE NAME OF THE LLC SHALL BE: FRONT END ANALYTICS LLC

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 3 Day of January, 2013,

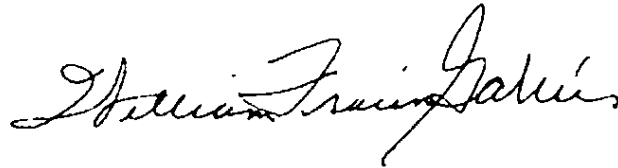
JUAN F. BETTS, Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

January 03, 2013 11:45 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial 'W'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Identification Number: 001092447

Annual Report Filing Year: 2022

1.a. Exact name of the limited liability company: FRONT END ANALYTICS LLC

1.b. The exact name of the limited liability company as amended, is: PREDICTIVEIQ LLC

2a. Location of its principal office:

No. and Street: 800 BOYLSTON STREET
SUITE 1600
City or Town: BOSTON State: MA Zip: 02199 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 800 BOYLSTON STREET
SUITE 1600
City or Town: BOSTON State: MA Zip: 02199 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

SOFTWARE AND SERVICES FOR PREDICTIVE ENGINEERING, PREDICTIVE MAINTENANCE, AND PREDICTIVE PERFORMANCE.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: UNITED STATES CORPORATION AGENTS, INC.
No. and Street: 101 BILLERICA AVE., BLDG. 5, SUITE 204
City or Town: NORTH BILLERICA State: MA Zip: 01862 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JUAN FERNANDO BETTS	800 BOYLSTON STREET, SUITE 1600 BOSTON, MA 02199 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JUAN F. BETTS	800 BOYLSTON STREET, SUITE 1600 BOSTON, MA 02199 USA

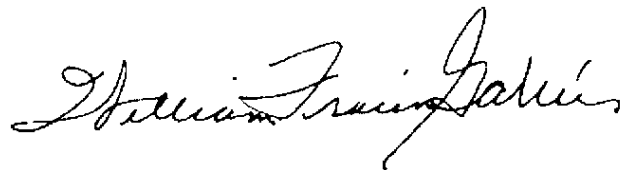
9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 23 Day of November, 2022,
JUAN F. BETTS , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

November 23, 2022 03:58 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth