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Account#: I20000000088

Date:	06/17/2022		
Name:			
	#:1711425		
Entity Nan	ne: N	IEST US LLC	
Arti	cles of Incorporation/Authorizatendment ange of Agent nstatement	ion to Transact Business	19 FI 17 P.
Mer			i. 00
Fict	solution/Withdrawal itious Name er		
Authorized	1 Amount 1 \$125.00		

F: •852.2682.9790

COVER LETTER

TO:		of Corporations		
CHR H	rer.	Nest US LLC		
SUBJI	r.C1:	Name of Limited Liability Company	-	
		plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida, eck are submitted to register the above referenced foreign limited liability company to transact business.		
Please	return all co	orrespondence concerning this matter to the following:		
		T.J. Donohue		
		Name of Person	-	
The Nest School				
Firm/Company				
	363 Main Street, Suite #2			
	·	Address		
		Hartford, CT 06106	_	
		City/State and Zip Code	20	
	_	tjdonohue@thenestschool.com E-mail address: (to be used for future annual report notification)		
For fur	aher inform	nation concerning this matter, please call:	2022 J. : 17	
101111	iner (internal		P	
		T.J. Donohue 860 916-5966	- ကို .	
	Division Registrati P.O. Box	Name of Contact Person Area Code Daytime Telephone Number SG ADDRESS: of Corporations ion Section c 6327 See, FL 32314 Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	5: 00	
	Please ma	is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE i.00 Filing Fee Status S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Certificate of Status Certified Copy of Status & Cer		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Nest US LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L. C." or "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905; F.S. to determine penalty liability) 10734 Stonebridge Boulevard 10734 Stonebridge Boulevard (Street Address of Principal Office) (Mailing Address) Boca Raton, FL 33498 Boca Raton, FL 33498 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee , Florida

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(City)

Jaime Torres	Ong unity segretion (primer content) MC crisipame Torrino, ci+COGENET GLOBAL, INC , Ou, emaile granteside cogenering lobal (2011), C+US Date 1822-06-17-14-15-25-05-00
(Registere	ed agent's signature)

Title or Capacity:	Name and Address: Jane Porterfield	Title or Capacity:		Name and Address: Gerald Pastor
Manager	Name: Jane Porterileid Address: 10734 Stonebridge Blvd	Manager	Name:	10734 Stonebridge Blvd
Member	Boca Raton, FL 33498	☐ Member		ca Raton, FL 33498
Authorized	2004 (1010) 12 00 100	Authorized		
Person Presid	ent —	Person		
⊠Other Presid	Other	⊠Other_ Secret	al y_	Other
Manager	Name:	∐ Manager	Name:	
Member	Address:	Member	Address: _	· · · · · · · · · · · · · · · · · · ·
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
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∐Manager	Name:	Manager	Name:	17
Member	Address:	Member	Address: _	70
Authorized		Authorized		<u>က်</u> .
Person		Person		<u> </u>
Other	Other	Other		Other
indexed individuals: 9. Attached is a certifurisdiction under the of the translator mus 10. This document is	se an attachment to report more than six (6). The may be added to the index when filing your Flor ficate of existence, no more than 90 days old, do a law of which it is organized. (If the certificate to be submitted) see executed in accordance with section 605.0203 (nent to the Department of State constitutes a thire	rida Department of State uly authenticated by the is in a foreign language, (1) (b), Florida Statutes.	Annual Re official hav a translatio	port form. ing custody of records in the on of the certificate under oath that any false information

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NEST US LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEST US LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2022 JUNE 17 PM 5: 00

Authentication: 203711145

Date: 06-17-22