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(F	(equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PłCK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporation	ons			
SURI	Natterbox Inc.				
5000		Name of corpor	ation - r	nust include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by ficate of Existence," or referenced foreign corp	'Certificate of Good	Standi	ng" and check are sub	
Please	return all corresponden	ce concerning this n	natter to	the following:	
Iris Mo	ennens				
		Nam	e of Pe	rson	
Inteser	ra, Inc.				
		Firm	/Compa	ny	
151 Sc	outhhall Lane, Suite 450				<u> </u>
			Address		
Maitla	ind, FL 32751				
		City/St	ate and	Zip code	
iris.me	ennens@inteserra.com	nail address: (to be a	ised for	future annual report r	iotification)
					ionneumony
For fu	rther information conce	rning this matter, plo	ease cal	l :	
		321	,	296-5018	
-	Name of Person	at (at Area	Code	Daytime Telep	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a check for the fo	llowing amount:			
□ \$7		378.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 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.

Natterbox Inc.				
(Enter name of co	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in FI	orida)	_
Delaware 2.	3			
12/5/2016		(FEI number, if applicable)		_
4. (Date of incorporation) 5.		(Date of duration, if other than perpetual)		_
6				_
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502)			
_	ace, Suite 300, Wakefield, MA 01880	, , , , , , , , , , , , , , , , , , ,		
7	(Principal o	office address)		
401 Edgewater P	lace, Suite 300, Wakefield, MA 01880			
	(Current mailing a	ddress, if different)		_
8. Name and stree	et address of Florida registered agent: (P.O. I InCorp Services, Inc.	Box <u>NOT</u> acceptable)	24 JUH 2	SECRET DIVISION D
Office Address:	3458 Lakeshore Drive		თ -	ARY C
	Tallahassee	32312 , Florida	£:	POR AI
	(City)	(Zip code)	ယ (၁)	I E A J I

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.

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.

11. Names and business addresses of officers and/or directors:

.

A. DIRE	CTORS Neil Hammerton
Chairman: Address:	401 Edgewater Place, Suite 300, Wakefield, MA 01880
– Vice Chair	Jeffrey S. Ward
Address:	401 Edgewater Place, Suite 300, Wakefield, MA 01880
Director:	Neil Hammerton
	401 Edgewater Place, Suite 300, Wakefield, MA 01880
	Jeffrey S. Ward
•	401 Edgewater Place, Suite 300, Wakefield, MA 01880
	Neil Hammerton 401 Edgewater Place, Suite 300, Wakefield, MA 01880
Vice Presi	Jeffrey S. Ward
	401 Edgewater Place, Suite 300, Wakefield, MA 01880
Secretary:	Jeffrey S. Ward
Address:	401 Edgewater Place, Suite 300, Wakefield, MA 01880
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein nd that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S. ey S. Ward, Chief Financial Officer / Secretary (Typed or printed name and canacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NATTERBOX 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 FIFTH DAY OF JUNE, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATTERBOX INC."

WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 2016.

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

Authentication: 203632118

Date: 06-05-24

6239188 8300 SR# 20242774692