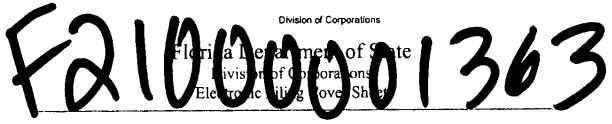
3/11/2021



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION Nexamp, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Page: 3 of 5

From: Ranae McGraw

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.

Nexamp. Inc.			(00 man (min))	
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORA" orp." "Inc," "Co," or "Corp.")	red," "Co	OMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate i	name adop	ted for the purpose of transacting busi	ness in Florida)
Delaware		3.		
(State or country under the law of which it is incorporated) (FEI number, if applied		le)		
November 16, 2	007	5		
(Date	(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
Upon filing				
ivi summer suc	et, 2nd Floor, Boston, MA 02110	Principal o	Tice address)	
	(Current	mailing ad	dress, if different)	
Name and stree	et address of Florida registered agent C T Corporation System	: (P.O. B	ox <u>NOT</u> acceptable)	769111
ffice Address:	1200 South Pine Island Road		_	
	Plantation,		33324 , Florida	
			, i ionga	

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.

C T Corporation System

By: Tammy Tofteroo	Tammy Tofteroo, VP
	(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:

To: 18506176383

A. DIRI	ECTORS	
Chairman	N/A	
Address:		
Director:	Makoto Kawakami	<u></u>
	One International Place	
	Boston, MA 02110	<u> </u>
Director:	Satoshi Hamada	
Address:	One International Place	
	Boston, MA 02110	
Director	Zaid Ashai	
Address:	101 Summer Street, 2nd Floor	
Addicess.	Boston, MA 02110	
B. OFF	ICERS Zaid Ashai	
Address:	101 Summer Street. 2nd Floor	
1000	Boston, MA 02110	
Vice Pres	sident:	
		<u> </u>
, , , , , , , , , , , , , , , , , , , ,		
Secretary	Kamran Idrees	·
Address:	101 Summer Street, 2nd Floor, Boston, MA 02110	<u> </u>
Treasure	Peter Tawczynski	<u> </u>
Address:	101 Summer Street, 2nd Floor, Boston, MA 02110	
	If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
	Signature of Director or Officer	facts stated barning
are true a third o	icer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S. mran Idrees, General Counsel and Secretary	of State constitutes

(Typed or printed name and capacity of person signing application)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXAMP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANT HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECOP-OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCHINUAL REPORTS HAVE

AND I DO HEREBY FURTHER CERTIF

BEEN FILED TO DATE. . AER CERTIFY THAT THE FRANCHISE TAXES HAVE

AND I DO HEP-. ⊿ATE.

BEEN PA-

Authentication: 202707121

Date: 03-11-21