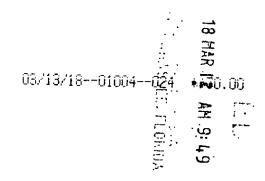
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(i	Requestor's Name)	
	Address)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
DOTalles
SUBJECT: BB161 InC Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Karen Hyde
Name of Person
The Commpliance Group
Firm/Company
1420 Spring Hill Road, Suite 400
Address
McLean, VA 22102
City/State and Zip code
kmh@commpliancegroup.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen Hyde at (703) 714-1306
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)
, Delaware	e	82-0993471	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
3/21/17	5.	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
5.			
	/Data Gast tamponated business i		
		n Florida, if prior to registration)	
2015 Oals	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	· =
, 2915 Ogl	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N	502, F.S., to determine penalty liability) Newark DE 19713	18
, 2915 Ogl	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability) Newark DE 19713	18 MAR I
, 2915 Ogl	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N	502, F.S., to determine penalty liability) Newark DE 19713 Iress)	
, 2915 Ogl	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N (Principal office add	502, F.S., to determine penalty liability) Newark DE 19713 Iress)	MAR I E AN
	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N (Principal office add	502, F.S., to determine penalty liability) Newark DE 19713 Iress)	MAR I E AN
	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N (Principal office add	502, F.S., to determine penalty liability) Newark DE 19713 Iress)	MAR I E
3. Name and stre	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N (Principal office add (Current mailing add et address of Florida registered agent: (P.)	502, F.S., to determine penalty liability) Newark DE 19713 Iress) O. Box NOT acceptable)	MAR I E AN
3. Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1 etown Road, Suite 2262, N (Principal office add (Current mailing add et address of Florida registered agent: (P.) Cogency Global Inc	502, F.S., to determine penalty liability) Newark DE 19713 Iress) O. Box NOT acceptable)	MAR I E AN

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) Sean Honan, Assistant Secretary

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. DIRECTORS Chairman: ____ Address: ___ Vice Chairman: Director: Stephen Dorsey Address: 696 Aberdeen, Westmount Qc H3Y3A8 ထ **B. OFFICERS** President: Stephen Dorsey Address: 696 Aberdeen, Westmount Qc H3Y3A8 Vice President: ___ Address: ___ Secretary: Address: ___ Address: If mecessary Anu may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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

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

a third degree felony as provided for in s.817.155. F.S.

13. Stephen Dorsey

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BBTEL 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 MARCH. A.D. 2018.

6355917 8300 SR# 20181706521 Authentication: 202259151

Date: 03-05-18