## F22000005125

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	04139		
W32.9596				

Office Use Only



700390134237

0F.133.32=+01009++010 ++79.75

SECRETARY OF STATE

APPROVEU AND FILED

496 15 2022 K. Brumb⇔y

## **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT: 'Creative Play	things, Ltd.			
	Name of corporation - m	ust include suffix		
Dear Sir or Madam:				
"Certificate of Existence."	by Foreign Corporation for Aut or "Certificate of Good Standing orporation to transact business in	g" and check are submitt		
Please return all correspond	dence concerning this matter to	he following:		
Brian Dillon				
	Name of Per	son		
Creative Playthings, Etd				
	Firm/Compar	ıy		
33 Loring Drive				
	Address			
Framingham				
	City/State and .	Zip code		
bdillon@creativeplaythings.c	om E-mail address: (to be used for	C. t	Fantin	
	E-man address: (to be used for	iuture annuai report nou	incation)	
For further information co	ncerning this matter, please call:			
Brian Dillon	508	656-1524 		
Name of Person	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	
	o: FLORIDA DEPARTMENT O  ■ \$78.75 Filing Fee & □\$		<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

## 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.

(16 mann mannille	Al :- Fluids and demand	and and of far the purpose of transporting	hydroge in Planta.
(if name unavaii	ible in Florida, enter alternate corporate nam		ousiness in Pioriua)
2. Massachusetts	y under the law of which it is incorporated)	3. <u>04-2579377</u> (FEI number, if appl	lizablas
	·		neathe)
4. 01/01/1976 (Date	of incorporation)	5. Perpetual  (Date of duration, if other th	an perpetual)
6. 07/01/2022	,		
	(SEE SECTIONS 607,1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability	······································
7. 33 Loring Drive.	Framingham, MA 01702		
33 Loring Drive.	Framingham, MA 01702	office <u>street</u> address)	
	(Current mai	iling address, if different)	
8. Name and stree	et address of Florida registered agent: (E Donald E Hoffman	P.O. Box NOT acceptable)	FIL 2022 AUG -8 SECRETARY FALL AHASSE
Office Address:	20130 Waters Edge Drive, #703		
	Boca Raton	Florida 33434	PH 2: 44 PF STATE OF LORIES
	(City)	. Florida 33434 (Zip code)	941 1.4.1
Having been nan designated in this further agree to c	ent's acceptance: ned as registered ayent and to accept se application, I hereby accept the appoin comply with the provisions of all statute r with and accept the obligations of my	ntment as registered agent and agrees as relative to the proper and complete	corporation at the place e to act in this capacity. I e performance of my duties

√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.

### A. DIRECTORS Donald E Hoffman Chairman □Chairman Name: Address: 20130 Waters Edge Drive, #703 ☐ Vice Chairman Address: □ Vice Chairman Boca Raton, FL 33434 Director □Director □ President President □Vice President □ Vice President □Treasurer □Treasurer □ Secretary □ Secretary: □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman Name: □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: Director □Director □ President □President □Vice President \_\_\_\_ □Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_ □ Chairman □Chairman Name: Name: ☐ Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President □President □Vice President \_ □Vice President ☐Treasurer □Treasurer □ Secretary □ Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 a third degree felony as provided for in s.817.155, F.S.

Donald E Hoffman, President



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston. Massachusetts 02188

June 16, 2022

## TO WHOM IT MAY CONCERN:

I hereby certify that

## CHILD DESIGN, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **January 1, 1976**.

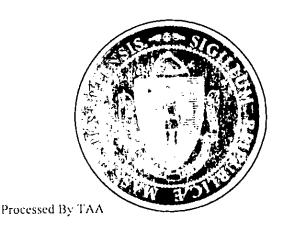
I also certify that by Articles of Amendment filed here **September 30, 1976**, the name of said corporation was changed to

## SWING DESIGN, INC.

I further certify that by Articles of Amendment filed here **September 12**, **1986**, the name of said corporation was changed to

## CREATIVE PLAYTHINGS, LTD.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin