

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| <br>(Bu                 | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



500230672135

04/25/12--01023--003 \*\*70.00

05/09/12--01013--007 **\*\***650.00

ZÓIZ MAY -9 AM 10: 34
TALLAHASSEE, FLORIDA

J. Shivers MAY 10 2012 (50)



April 26, 2012

DAVID TOHUNTER 2101 VISTA PKWY SUITE 122 WEST PALM BEACH, FL 33411

SUBJECT: BEESFREE, INC. Ref. Number: W12000023010

We have received your document for BEESFREE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 912A00012764

## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |                              |  |  |    |
|---|------------------------------|--|--|----|
| SUBJECT: BeesFree, Inc., 2101 V   | sta Parkway, S               | uite 122, West palm Beach, F   | FL 33411   |    |
|   |                              | n - must include suffix  |  |    |
| Dear Sir or Madam:  |                              |  |  |    |
| The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation   | ate of Good Sta              | nding" and check are submit  |  |    |
| Please return all correspondence conc   | erning this matte            | er to the following:   |  |    |
| David W. Tohunter   |                              |  |  |    |
|   | Name o                       | f Person   |  |    |
| BeesFree, Inc.  |                              | and a second |  |    |
| •   | Firm/Co                      | mpany  |  |    |
| 2101 Vista Parkway, Suite 122   |                              |  |  |    |
|   | Add                          | ress   |  |    |
| West Palm Beach, FL 33411   |                              |  |  |    |
|   | City/State                   | and Zip code   |  |    |
| d.todhunter@beesfree.biz  | ress: (to be used            | for future annual report notif   | fication)  |    |
|   | •                            | •  | ,  |    |
| For further information concerning thi  | s matter, please             | caii:  | overal.  |    |
| David W. Todhunter  | at (917                      | ) 553-0596   | SE SE  | 22 |
| Name of Person  |                              | Code & Daytime Telephone   | Number ≧   | ic |
| STREET/COURIER ADDR New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following | amount:                      | MAILING ADD<br>New Filing Section<br>Division of Corpo<br>P.O. Box 6327<br>Tallahassee, FL 3                   | PRESS: OF STATE OF ST |    |
| \$70.00 Filing Fee  \$78.75 F<br>Certifica  | iling Fee &<br>ate of Status | □ \$78.75 Filing Fee & , □ C<br>Certified Copy   | 3 \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| (If name unavail   | able in Florida, enter alternate corp  | rporate name adopted for the purpose of transacting business in Florida  | <u>ı)</u>                     |
|--|--|--|-------------------------------|
| 2. Nevada  |  | 3. 92-0189305  | _                             |
| ` .  | under the law of which it is incorp  | porated) (FEI number, if applicable)   |                               |
| 9/7/2007   |  | 5. perpetual   |                               |
| (Date  | e of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")  | )                             |
| . 12   | -/16/2011  | ed business in Florida, if prior to registration)  | <del></del>                   |
|  | (SEE SECTIONS 607.15   | 501 & 607.1502, F.S., to determine penalty liability)  |                               |
| 2101   | Vista Parkway  | / Suite 122 West Palm Beach F<br>Val office address) 33411   |                               |
|  | (Principal)  | al office address) 33411   | _                             |
| BeesFree, Inc.   | 2101 Vista Parkway, Suite 122  |  |                               |
|  | (Current   | t mailing address)   |                               |
|  | nd commercialization of innova   |  |                               |
|  | i) of corporation authorized in hom  | ative solutions for the beekeeping community  me state or country to be carried out in state of Florida)  agent: (P.O. Box NOT acceptable)   | 2012                          |
| . Name and stre  | et address of Florida registered   | agent: (P.O. Box NOT acceptable)   | 2012 HAY                      |
| Name and streen  | i) of corporation authorized in hom  | agent: (P.O. Box NOT acceptable)  ### ACCEPTANCE  ### ACCEPTAN | Y -9                          |
| Name and streen  | s) of corporation authorized in home<br>et address of Florida registered a<br>Northwest Registered Agent   | agent: (P.O. Box NOT acceptable)  ### ILLC  ### Independent out in state of Florida  ### Independent out in state of Florida  #### Independent out in state of Florida  #### Independent out in state of Florida  #### Independent out in state of Florida  ###################################  | Y-9 AM                        |
| Name and streen  | of corporation authorized in homet address of Florida registered and Northwest Registered Agent 3111 W. Dr. MLK Blvd., STE   | agent: (P.O. Box NOT acceptable)  ### ACCEPTANCE  ### ACCEPTAN | Y -9                          |
| Name and <u>stree</u> Name:  Office Address:   | of corporation authorized in homet address of Florida registered and Northwest Registered Agent 3111 W. Dr. MLK Blvd., STE Tampa (City)  | agent: (P.O. Box NOT acceptable)  ### LLC  ### 100-B180  Florida 33607   | Y-9 AM                        |
| Name and stree  Name:  Office Address:  O. Registered a laving been namelesignated in this surther agree to comment to the surther agree to the surther agree to comment to the surther agree to the surther | Northwest Registered Agent 3111 W. Dr. MLK Bivd., STE Tampa (City) gent's acceptance: address of Florida registered agent (City) gent's neceptance: address of Florida registered agent and to a application, I hereby accept the omply with the provisions of all | agent: (P.O. Box NOT acceptable)  ### LLC  ### 100-B180  Florida 33607   | Y -9 AM (D: 34 place acity. I |
| Name and stree  Name:  Office Address:  O. Registered a  Having been nan  designated in this further agree to c  | Northwest Registered Agent 3111 W. Dr. MLK Bivd., STE Tampa (City) gent's acceptance: address of Florida registered agent (City) gent's neceptance: address of Florida registered agent and to a application, I hereby accept the omply with the provisions of all | agent: (P.O. Box NOT acceptable)  ALC  100-B180  Florida 33607  (Zip code)  accept service of process for the above stated corporation at the he appointment as registered agent and agree to act in this capull statutes relative to the proper and complete performance of management and agree to act in this capull.   | Y -9 AM 10: 34 place acity. I |

11. 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  |                    |
|---|--------------------|
| Chairman: Mario Sforza  |                    |
| Address: 2101 Vista Parkway, Suite 122, West Palm Beach, FL 33411                               |                    |
| Vice Chairman:  |                    |
| Address:  |                    |
| Director: Juan Carlos Trabucco  |                    |
| Address: 2101 Vista Parkway, Suite 122, West Palm Beach, FL 33411                               |                    |
| Director:   |                    |
| Address:  |                    |
| B. OFFICERS  President: Mario Sforza  |                    |
| Address: 2101 Vista Parkway, Suite 122, West Palm Beach, FL 33411                               |                    |
| Vice President:   |                    |
| Address:  | 2012 HA            |
| Secretary: David W. Todhunter   | AY :<br>ETA<br>HAS |
| Address: 2101 Vista Parkway, Suite 122, West Palm Beach, FL 33411                               | -9<br>-9<br>SEE    |
| Treasurer: David W. Todhunter   | F-5                |
| Address: 2101 Vista Parkway, Suite 122, West Palm Beach, FL 33411                               |                    |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers a | ınd/or directors.  |
| (Signature of Director or Officer listed in number 12 of the application)                       |                    |
| . Dovid W. Todhunter Secretary & Treasurer  |                    |

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

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