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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section	
Division of Corporations  Bombich Software, Inc.	
SUBJECT:	
Name of corpor	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m Sarah Bombich	natter to the following:
Nam	e of Person
Bombich Software, Inc.	
Firm	Company
63 Greenacre Ave	
	Address
Longmeadow, MA 01106	addiess
Citv/St	ate and Zip code
sarah@bombich.com	
E-mail address: (to be v	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Sarah Bombich 4:	3 828-6798
	Code Daytime Telephone 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
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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. Bombich Software, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 45-3995467 (State or country under the law of which it is incorporated) 2. (FEI number, if applicable) (Date of duration, if other than perpetual) January 1, 2012 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7144 Floridana Ave, Melbourne Beach, FL 32951 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Peter Alshuth Name: 7144 Floridana Ave Office Address: Melbourne Beach (City) 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

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.

Rehluce (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. DIRECTORS n/a Chairman: Address: \_\_ n/a Vice Chairman: \_\_\_\_ Michael P Bombich Director: 63 Greenacre Ave Address: Longmeadow, MA 01106 Sarah A Bombich Director: 63 Greenacre Ave Address: Longmeadow, MA 01106 B. OFFICERS Michael P Bombich President: 63 Greenacre Ave Address: Longmeadow, MA 01106 Vice President: Sarah A Bombich Secretary: 63 Greenacre Ave, Longmeadow, MA 01106 Address: Sarah A Bombich Treasurer: 63 Greenacre Ave, Longmeadow, MA 01106 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Musin of Compich 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. Sarah A Bombich, Secretary and Treasurer 13.

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



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: May 27, 2016

To Whom It May Concern:

I hereby certify that,

#### **BOMBICH SOFTWARE, INC.**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 01, 2012.

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 Travin Galetin

Certificate Number: 16059674390

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: smc