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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number: I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

**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 BIFI, INC.

> Certificate of Status Certified Copy 0 Page Count 04 \$70.00 Estimated Charge

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6/30/2016

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, 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) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) 06/17/2016 (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) 9500 NW 10th Street, Pembroke Pines, FL 33024 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davie

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 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)

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.

P.003/004

FILED

2016 JUL - 1 AM 9: 05

SSEE, FLORIDA

II. Name	es and business addresses of officers and/or directors:	TALLAHASSE
A. DIRE		TALLAHASSEE, F
Chairman:		
Vice Chai	rmin:	
Director:	Philip Litt	
Address;	9500 NW 10th Street, Pembroke Pines, Florida 33024	
Director:	Anthony Joseph Addenisio	
Address:	9500 NW 10th Street, Pembroka Pines, Florida 33024	
B. OFF	Philip Litt	
President Address:	9500 NW 10th Street, Pembroke Pines, Florida 33024	
	sident:	
(100003).	Anthony Joseph Addonisio	
	9500 NW 10th Street, Pembroke Pines, Florida 33024	
Address:	Assorb an addendum to the confication listing additional affi-	
NOTE:	If necessary, you may attach an addendum to the application listing additional office	and or directors.
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Departer felony as provided for in s.817.155, F.S.	that the facts stated herein wartment of State constitutes
13. Phili	/Typed or printed name and carecity of parson signing application)	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BIFI, 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 THIRTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIFI, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2016.

2016 JUL -1 AM 9: 05
SECRETARY OF STATE
SECRETARY OF STATE

Authentication: 202591732

Date: 06-30-16

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