F19000000375

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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7: led neorrectly AS A Fl. Corp.					

Office Use Only



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N. CAUSSEAUX JAN 22 2019

COVER LETTER

то:	Registration Section Division of Corporati	ons			
	Budderfly Inc.				
SUB	JECT:	Name of corporation	- mus	t include suffix	
		Name of corporation	- 11100	, morado outras	
	Sir or Madam:				
"Cert	ificate of Existence." or	Foreign Corporation for "Certificate of Good Stan poration to transact busine	aing	and check are subm	Business in Florida," itted to register the
	e return all corresponde le Goodgion	nce concerning this matter	to th	e following:	
		Name of	Perso	n	
Budd	erfly Inc.				
		Firm/Com	pany		
2 Tra	p Falls Rd. Suite 500				
		Addr	ess		
Shelt	on CT 06484				
		City/State a	nd Zi	p code	
krist	ie.goodgion@budderfly.co				
	E	-mail address: (to be used	for fu	ture annual report no	otification)
For	further information cond	erning this matter, please	call:		
Kristic Goodgion Name of Person		203 at (5	538-7642	
		Arca Coo	de -	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		
Enc	closed is a check for the	following amount:			
0	\$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status		78.75 Filing Fec & certified Copy	□ \$87.50 Filing Fee, Certificate of Status of 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. Budderfly Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Budderfly FL Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida 82-2765116 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (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) 2 Trap Falls Rd. Suite 500 Shelton CT 06484 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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.

Holly Jones
Assistant Vice President
(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:	200 2005
A. DIRECTORS	
Al Subblolie Chairman:	生 强
Budderfly Inc. 2 Trap Falls Rd. Shelton CT 06484	5
Address:	
	زب
	7.2
Vice Chairman:	
Address:	
Gerald Kokos	
Director:	
Budderfly Inc. 2 Trap Falls Rd. Shelton CT 06484	
Address:	
Gary Golding	
Director:	
Budderfly Inc. 2 Trap Falls Rd. Shelton CT 06484	
Address:	
B. OFFICERS	
Al Subbloie	
President:	
Budderfly Inc. 2 Trap Falls Rd. Shelton CT 06484	
Address:	
Vice President:	
Address:	
Kristie Goodgion Secretary:	
Budderfly Inc. 2 Trap Falls Rd. Shelton CT 06484	
Address:	
Treasurer:	
Address:	
NOTE: If fecessary, you may attach an addendum to the application listing additional officers at	nd/or directors.
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 Departm	
a third degree felony as provided for in s.817.155, F.S.	
13. Krishe 600 dion	
(Typed or printed name and capacity of person signing application)	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BUDDERFLY, 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 NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUDDERFLY, INC."

WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2019 JAN 16 FH 3: 22



Authentication: 203839509

Date: 11-05-18

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SR# 20187489870