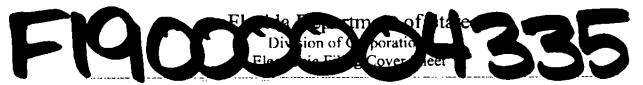
9/23/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002840503)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email 1	Addrace:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Green Rabbit Holdings, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	REIGN CORPORATION TO T		TES, THE FOLLOWING IS SUA SESS IN THE STATE OF FLOR	
Green Rabbit Ho				
(Enter name of c	orporation, must include "INCOR orp," "Inc," "Co," or "Corp ")	PORATED," "CO	MPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate cor	porate name adopte	ed for the purpose of transacting but	aness in Florida)
Defaware		Y		
2. (State or countr	y under the law of which it is inco	orporated)	(FEI number, if applied	hlei
Cameanah w 11 "	nin			
4. (Date of incorporation) 5. (Date of duration, if other				perpetual)
6.				
	(Date first transact	ted business in Flori	da, if prior to registration)	
135 Lundmist D	(SEE SECTIONS 607.) rive, Braintree, MA 02184	:501 & 607,1502, r	S, to determine penalty liability)	
7	TVC, DIRMIGC, MIX 02104			
		(Principal off	ice address)	
	11	Current mailing add	ress if different)	~1
	,,	Caren manne no	, , , , , , , , , , , , , , , , , , , ,	919
8 Name and stree	et addr <u>ess</u> of Florida registeret	daeent (P.O. Bo	x NOT acceptable)	2019 SEP
o. Name and sare	C T Corporation System			P 2
Name;				ω -
Office Address:	1200 South Pine Island Road			¥ '
OTTICE AUDICSS.	Plantation,		, Florida	*
CHILE Address.			, Houda	S
CHIEC Address.	(City)		(Zip code)	∓
Office Address.	(City)		(Zip code)	∓
9. Registered ag	(City) ent's acceptance:		(Zip code)	·
9. Registered ag Having been nan designated in this further agree to c	(City) ent's acceptance: wed as registered agent and to annication. I hereby accept	accept service of the appointment all statutes relati	(Zip code) f process for the above stated co as registered agent and agree to we to the proper and complete p	orporation at the plo o act in this capacit
9. Registered ag Having been nan designated in this further agree to c	cnt's acceptance: ned as registered agent and to application, I hereby accept comply with the provisions of familiar with and accept the a	accept service of the appointment all statutes relati	(Zip code) f process for the above stated co as registered agent and agree to we to the proper and complete p	orporation at the plo o act in this capacit

^{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.

	ies and business addresses of officers and/or directors:		
	·		
Vice Chai	irman:		
Address:			
Director:	Gregory Balestrieri		
Address:	135 Landquist Drive, Braintree, MA 02184		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Director:	Joseph Melvitte		
Address:	135 Lundquist Drive, Braintree, MA 02184		
			
B. OFF	ICERS		
President	Joseph Melville	-201	
Address:	135 Lundquist Drive, Braintree, MA 02184	9. <u>\$</u> EP	3.5
		− 70 −− ω	224 6 tre
Vice Pres	ident:		1
Address:			: · · · · · · · · · · · · · · · · · · ·
	Gregory Balestrieri	- 2 -	
Secretary	135 Lundquist Drive, Braintree, MA 02184		
Address:	Joseph Melville		
Treasurer			
Address:			
	If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
12	Signature of Director or Officer		
are true a	cer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S.	is stated h State cons	erein titutes
13	(Typed or printed name and capacity of person signing application)		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREEN RABBIT HOLDINGS, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2019.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203632764

Date: 09-19-19