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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 1-TO-D, INC.			
	me of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence,	icate of Good Standi	ng" and check are subt	t Business in Florida," nitted to register the
Please return all correspondence con-	cerning this matter to	the following:	
Stefano G. Caprara, Esq.			
	Name of Pe	rson	
Caprara Law, PC			
	Firm/Compa	iny	
179 Great Raod, Ste. 212			
	Address	3	
Acton, MA 01720			
	City/State and	Zip code	
scaprara@caprara-law.com			
E-mail ad	dress: (to be used for	future annual report n	otification)
For further information concerning the	nis matter, please cal	1:	
Stefano G. Caprara, Esq.	at (	999-9859	
Name of Person		Daytime Telepl	hone Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Ç.	A DEPARTMENT O	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

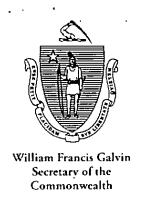
IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of tran.	sacting business in Florida)	
Massachusetts	3			
(State or countr	y under the law of which it is incorporated)	(FEI number.	. if applicable)	
February 1, 200				
(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
January 1, 2020				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration 2, F.S., to determine penalty l	i) liability)	
5000 SW 25th Blvd., #1120, Gainesville, FL 32608			262 282	
same	(Principal office	street address)	7	
	(Current mailing	address, if different)	THE POLICE	
Name and street	t address of Florida registered agent: (P.O. 1	Box NOT acceptable)		
Name:	Arthur F. Kluge			
ffice Address:	5000 SW 25th Blvd., #1120		-	
	Gainesville	, Florida <sup>32608</sup>		
	(City)	(Zip code)	_	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Arthur F. Kluge Name: \_\_ Chairman □ Chairman Name: 5000 SW 25th Blvd., #1120 □Vice Chairman Address: □Vice Chairman Address: Gainesville, FL 32608 ■ Director Director President □President □Vice President \_\_\_\_\_ ☐Vice President ■ Secretary Treasurer = □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □Director □President President □Vice President \_\_\_ □Vice President ☐ Secretary □Treasurer □ Secretary Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □ Director □Director □President □ President □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary □ Treasurer □Other \_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. 13. Arthur F. Kluge, President



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

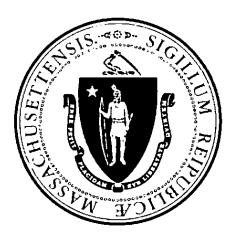
Date: January 03, 2020

To Whom It May Concern:

I hereby certify that according to the records of this office.

1-TO-D, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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 Travino Galicin

Certificate Number: 20010045680

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

Processed by: