

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| | | |
| (Add | fress) | · |
| (Ada | lress) | |
| (Add | nessy | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Due | inass Entitu Na | ma) |
| (Bus | siness Entity Nar | nej |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600343147366

04/23/20--01016--004 **70.00

2020 7. 1123 11.1 2:13

T GLASS APR 2 9 2020

COVER LETTER

| | tion Section of Corporations | | | |
|--|---|-------------------|---|---|
| SUBJECT: | · | bluBuzz | ard, Inc. | |
| Sobsect. | Nar | ne of corporation | n - must include suffix | _ |
| Dear Sir or Mad | am: | | | |
| "Certificate of E | | ate of Good Sta | r Authorization to Transa inding and check are sub less in Florida. | |
| Please return all | correspondence conce | erning this matte | er to the following: | |
| James G. Xilas | | | | |
| | | Name o | f Person | |
| bluBuzzard, Inc. | | | | |
| | | Firm/Co | mpany | |
| 640 Douglas Av | enue | | | 200 |
| | | Λdd | ress | <u> </u> |
| Dunedin, Florida | 34698 | | | \sim |
| | | City/State | and Zip code | ····· |
| james@blubuzz | ard.com | | | : |
| * | E-mail add | ress: (to be used | for future annual report r | notification) |
| For further infor | mation concerning thi | is matter, please | call: | ယ |
| James G. Xitas | | au (| 424-3277 | |
| Name o | of Person | Агеа Со | de Daytime Telep | hone Number |
| Registra Division The Cen 2415 N. | T/COURIER ADDR tion Section of Corporations tre of Tallahassee Monroe Street, Suite ssee, FL 32303 | | MAILING A Registration S Division of Co P.O. Box 632 Taltahassee, F | iection orporations 7 |
| | eck for the following | | TOFFIE | |
| ■ \$70.00 Filing | , | | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 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.

| 1. | biuBuzzard, In | c. | | |
|----|------------------|---|---|--------------------|
| | • | corporation; must include "INCORPORATED," ' corp." "Inc." "Co." or "Corp.") | "COMPANY," "CORPORATION," | |
| | bluBuzzard Fir | ntech, Inc. | | |
| | (If name unavail | able in Florida, enter alternate corporate name ad | opted for the purpose of transacting bu | siness in Florida) |
| 2. | Detaware | 8. 3. | 3-3740469 | |
| | (State or countr | y under the law of which it is incorporated) | (FEI number, if applica | ble) |
| 4. | 12/06/2018 | 5 | | |
| ٠, | (Date | e of incorporation) | (Date of duration, if other than | perpetuai) |
| | • | · | | , |
| 6, | | (Date first transacted business in F | Norida if ning to project tion | |
| | | (SEE SECTIONS 607.1501 & 607.1502 | | |
| _ | 640 Douglas | Avenue, Dunedin, Florida 34698 | | |
| 7. | | (Principal office | street sektrece) | 207 |
| | | (i inapai ottae | 387 667 0000 (33) | 문교 711 |
| | | | 11 10 100 | |
| | | (Current mailing | address, if different) | 23 |
| | | | | |
| 8. | Name and street | et address of Florida registered agent: (P.O.) | Box NOT acceptable) | |
| | Name: | James G. Xilas | | 5: |
| | ivanic. | CAO Charatan Assaura | _ | ယ် |
| O | ffice Address: | 640 Douglas Avenue | | |
| | | Dunedin | 34698 . Florida | |
| | | (City) | (Zip code) | |

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.

| A. DIRECTORS | | | | |
|---------------------------|--|-------------------------------------|-------------|----------------------------------|
| □ Chairman | Name: | □Chairman | Name: | |
| ☐ Vice Chairman | 1830 Oak Creek Drive | □ Vice Chairman | Address: | |
| ₩ 1 Pirector | Dunedin, Florida 34698 | □Director | | |
| President | | □President | | |
| ☐Vice President | | ☐Vice President | | |
| ☐ Secretary | ☐ l'reasurer | □Secretary | | ☐Treasurer |
| □Other | CEO Other | □Other | | ☐Other |
| □Chairmen | Name: | ⊡Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| Director | | ☐Director | | |
| ☐President | | □President | | |
| ☐Vice President | | □Vice President | | |
| ☐ Secretary | ☐ Treasurer | ☐ Secretary | | ☐Treasurer |
| □Other | | □Other | | □Other 😤 |
| | | | | |
| □ Chairman | Name: | ⊟Chairman | Name: | :S |
| ☐Vice Chairman | Address: | □Vice Chairman | .\ddress: | -7 |
| □Director | | ☐ Director | | |
| □President | | ⊡President | | |
| ☐Vice President | | □Vice President | | |
| ☐Secretary | ☐ Treasurer | ☐ Secretary | | ☐Treasurer |
| □Other | Other | □Other | | □Other |
| 12. The opticer or direct | Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment provides when filling your Florida Department of Director Signature of Director signing this document (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse information submitted in a document to the Department (and who is listed in numbelse in | or Officer er 11 above) affirms th | eport form. | I herein are true and that he or |
| 1.5. | | | | |

0

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLUBUZZARD, 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 SIXTH DAY OF APRIL, A.D. 2020.

idz. 25 2: 13



Authentication: 202722441

Date: 04-06-20

7182106 8300 SR# 20202608788