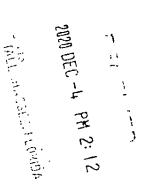
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BOUNDLESS ENERGY INC

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AUTHORIZATION: ABBIE/PAUL HODGE OHOGE

COVER LETTER

Division of Corporations				
SUBJECT: Boundless Energy Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.		
Please return all correspondence concer	ning this matter t	o the following:		
Cynthia M. John, Paralegal				
	Name of P	erson		
Mirick O'Connell				
	Firm/Comp	any		
100 Front Street				
	Addres	5		
Worcester, MA 01608				
	City/State and	Zip code		
cjohn@mirickoconnell.com				
É-mail addre	ss: (to be used for	future annual report notification)		
For further information concerning this	matter, please cal	1:		
Cynthia M. John	508	929-1603		
Name of Person	at (508 Area Code	Daytime Telephone Number		
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following am Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT Ong Fee & 🗀 S	F STATE 78.75 Filing Fee &		

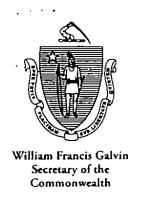
· APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Boundless Ener (Enter name of c "Inc.," "Co.," "C	rgy Inc. corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)
2. Massachusetts			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applical	ble)
4	5.		
(Date	of incorporation) 5.	(Date of duration, if other than p	perpetual)
6			
	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
·	(Principal offi	ce street address)	
	• •	 ,	
	(Current mailin	g address, if different)	
Name:	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A). Box NOT acceptable)	ZOCE DEC -4 SECRETARY TALLAHASSE
Office Address:	Tallahassee	32301	
	(City)	, Florida 32301 (Zip code)	TORRES
0.5		(Ell) code)	₹105 105
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointn omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree to a elative to the proper and complete per	poration at the place
_ls	/ Kristin Helgaard, Assistant Secretary (Registered agent's signal of the control	gnature)	
the Department of	ertificate of existence duly authenticated, State, by the Secretary of State or other of hich it is incorporated.	not more than 90 days prior to delivery ficial having custody of corporate reco	of this application to rds in the jurisdiction

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

A. DIRECTORS	•	•	
□Chairman	Riley Traveller	□Chairman	Name:
☐ Vice Chairman	Address: Pebrah Lane	□Vice Chairman	Address:
□Director	Millis, MA 02054		Millis, MA 02054
President		President	
□ Vice President		□Vice President	
□Secretary	□Treasurer	Sccretary	☐Treasurer
□Other	Other	Other	□Other
□Chairman □Vice Chairman □Director □President	Name:		Riley Traveller Name: 1 Debrah Lane Address: Millis, MA 02054
☐ Vice President		□Vice President	
□Secretary	☐ Treasurer	□ Secretary	☐ Treasurer
Treasurer Other	Other	□Other	Other
□Vice Chairman □Director □President	Name: Address:		Name:
☐Secretary	☐Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	□Other	
12	or signing this document (and who is listed in note information submitted in a document to the D	etor or Officer umber 11 above) affirms that repartment of State constitute	the feet stated basis and a later



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: December 02, 2020

To Whom It May Concern:

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

BOUNDLESS ENERGY 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 Tranin Galicin

Certificate Number: 20120079090

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

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