# FEL 00001920

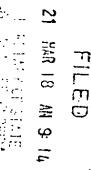
(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJEC <sup>*</sup>	reproductfy, inc.			
502,20		me of corporation	- must include suffix	
Dear Sir or	Madam;			
"Certificate	ed "Application by Foreigr c of Existence," or "Certific renced foreign corporation	cate of Good Stan	ding" and check are sub	
Please retu	rn all correspondence conc	erning this matter	to the following:	
Harold Fede	er			
•	<del>-</del>	Name of I	Person	
Productfy, I	nc.			
-		Firm/Com	pany	<del> </del>
3670 Shady	Hollow Ct			
		Addre	SS	
San Jose, C/	N 95148			
· ·-		City/State ar	nd Zip code	_
hfeder@proc	•			
·	E-mail addr	ess: (to be used for	or future annual report n	otification)
For further	information concerning thi	s matter, please ca	ıll:	
Harold Fede	г	at ( <sup>718</sup>	290-5516 Daytime Telephone Number	
Na	me of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	Č	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

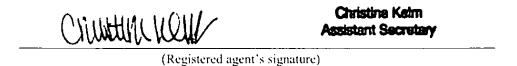
### 'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

PRODUCTFY,	INC.			
(Enter name of e	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORAT!	ION,"	
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transac	eting business in Florida)	
2. Delaware		83-0784262		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 06/01/2018		Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. N/A				
7. 3670 Shady Holle	(SEE SECTIONS 607.1501 & 607.1 ow Ct. San Jose, CA 95148		oility)	
	(Principal of	fice <u>street</u> address)		
S. Name and street	(Current maili et address of Florida registered agent: (P.	ng address, if different)  (2) Box NOT acceptable)	21 H	
o. Traine and <u>sares</u>	CT Corporation System	(7. 170x 1407 decembre)	三 第 四	
Name:	C1 Corporation System		8 [	
Office Address:	1200 South Pine Island Road		AR 18 MI	
	Plantation	. Florida 33324	20 <b>4</b>	
	(City)	(Zip code)	4	

### 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.



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	Address:	□Vice Chairman	Address: 2 Shaw Alley				
□Director	San Jose, CA 95148	□Director	San Francisco, CA 94105				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
Other	CEO Other	Board Me ■Other	mber				
□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				
□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				
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.  12. 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.

Duy Vo, Founder / CEO / Member of the Board

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRODUCTFY, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2021.

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

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

Authentication: 202591127

Date: 02-24-21