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COVER LETTER

•	istration Sect sion of Corp						
SUBJECT	Snappy Sol	utions, Inc					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name	of corporation	- must	include suffix		
Dear Sir or N	Madam:						
"Certificate	of Existence.	on by Foreign Co " or "Certificate corporation to to	of Good Stan	iding" a	nd check are sub	ct Business in Florida," omitted to register the	
Please return	all correspo	ndence concerni	ng this matter	to the f	ollowing:		
Maureen Fair	lie						
			Name of	Person			
Snappy Solut	ions, Inc						
			Firm/Con	npany			
106 Sycamor	e Drive						
· <u> </u>			Addr	css			
East Hampton	n						
			City/State a	nd Zip o	ode	111	
New York, N	Y 11937						
		E-mail address	: (to be used	for futur	e annual report	notification)	
For further i	nformation c	oncerning this m	atter, please o	call:			
sales@snappy	ysolutions.com	n	917 at (912-	012-7562		
Nar	ne of Person		Area Cod	e	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a Please make o	check payable	to FLORIDA Di \$78.75 Filin Certificate of	EPARTMENT g Fee &	3 \$ 78.7.	ATE 5 Filing Fee & Ted 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.

Snappy Solution	s. Inc			
	orporation; must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2. New York	3.	3. 571142045 (FEI number, if applicable)		
(State or country	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
4. 1/20/2000	5.			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)		
6.				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
₇ 106 Sycamore Dr	ive, East Hampton, NY 11937			
·		ice <u>street</u> address)		
	(Current mailin	ng address, if different)		
			· 8	
8. Name and stree	t address of Florida registered agent: (P.C	O. Box NOT acceptable)		
Name:	BRION FAIRLIC			
	1236 Tuscany 1	Rus	生 生 2	
Office Address:	1259 1252 Dry 1	<u> </u>		
	Verice	Florida 5429 (Zip code)	<u> </u>	
	(City)	(Zip code)		
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r with and accept the obligations of my po	ment as registered agent and agree relative to the proper and complete	to act in this capacity. I	

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.

(Registered agent's signature)

A. DIRECTORS Maureen Fairlie □ Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: 106 Sycamore Drive, East Hamptoy ☐ Vice Chairman Address: _____ Director □ Director ☐ President President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Treasurer ☐ Secretary Other □Other _____ □Other _____ □Other _____ Name: □ Chairman Name: ______ □ Chairman Address: □Vice Chairman Address: ☐ Vice Chairman []Director □ Director ☐ President □ President □Vice President Treasurer ☐ Secretary □Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other ____ Name: Name: _____ □Chairman □ Chairman ☐Vice Chairman □Vice Chairman Address: _____ □ Director ☐ Director □ President □ President ☐ Vice President □Vice President ☐ Treasurer Treasurer □ Secretary □ Secretary □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. 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.

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SNAPPY SOLUTIONS, INC. was filed on 01/20/2000, under the name of SALES GODDESSES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment SALES GODDESSES, INC., changing its name to SNAPPY SOLUTIONS, INC., was filed 09/05/2003.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of April two thousand and twenty-one.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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