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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dragonfly Group Inc.	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the susiness in Florida.
Please return all correspondence concerning this in	natter to the following:
Malissa Daniels	
Nan	ne of Person
BRL Law Group LLC	
Firm	/Company
380 Washington Street, 2nd Floor	
	Address
Wellesley, MA, 02481	
City/S	tate and Zip code
mdaniels@brllawgroup.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Malissa Daniels 617	292-6930
	a Code Daytime Telephone 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 check for the following amount: Please make check payable to: FLORIDA DEPARTN \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	1ENT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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 unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 177 Huntington Ave., 17th Flr., Boston, MA 02115 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg (City) Florida 33702 (Zip code)	(If name unavail	merce InC.	lanted for the nurpose of transacting	business in Florida)	
(State or country under the law of which it is incorporated) 7/2/2020 5. (Date of incorporation) (Date of duration, if other than perpetual) 4/5/2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 177 Huntington Ave., 17th Flr., Boston, MA 02115 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg	Delaware		5 1000141		
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) [Principal office street address] (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg St. Petersburg 33702	(State or count)	3	(FEI number if annlicable)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 177 Huntington Ave., 17th Flr., Boston, MA 02115 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg St. Petersburg St. Petersburg					
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 177 Huntington Ave., 17th Flr., Boston, MA 02115 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg St. Petersburg 33702	4/5/2021				
Name: Northwest Registered Agent LLC Northwest Registered Agent LLC Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg (Principal office street address, if different) 822 733702					
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg St. Petersburg 33702	177 Huntington		2, F.S., to determine penalty hability	,	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg St. Petersburg St. Petersburg St. Page 1 and			street address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg 33702		•			
ffice Address: St. Petersburg 33702	-	(Current mailing	address, if different)		
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St. Petersburg 33702	Name:	Northwest Registered Agent LLC		Λ· ~	
(City) (Zip code)			<u> </u>	20	
<u>t</u>	Name: ffice Address:	7901 4th St N STE 300	——————————————————————————————————————	ĀĦ	
The Control of the Co		7901 4th St N STE 300 St. Petersburg	Florida 33702(Zip code)	ĀĦ	
	ffice Address: Registered ag	7901 4th St N STE 300 St. Petersburg (City) ent's acceptance:	(Zip code)	AH 9: 04	
aving been named as registered agent and to accept service of process for the above stated corporation at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit	ffice Address: Registered ag aving been nan	7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept service	(Zip code) cof process for the above stated of	AH 9: 04 corporation at the pla	
	fice Address: Registered ag aving been nan signated in this rther agree to c	7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rela	(Zip code) of process for the above stated of the aregistered agent and agree ative to the proper and complete	corporation at the pla to act in this capacity performance of my a	

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.

- DocuSign Envelope ID: BEC74D34-47CE-4B4D-98AE-6E6C99C23E6E

A. DIRECTORS							
□Chairman	Name: Philip Butler	□Chairman	Name: Jeremy Todd				
□Vice Chairman	Address:	□Vice Chairman	Address:177 Huntington Ave., 17th Flr.				
Director	Boston, MA 02115	Director	Boston, MA 02115				
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	■ Secretary	Treasurer				
Other CEO	Other Assistant Secretar	□Other	Other				
□Chairman	Name:	□Chairman	Name: Larry Cheng				
	Address: 177 Huntington Ave., 17th Flr.	□Vice Chairman	177 Huntington Ave., 17th Flr.				
□Director	Boston, MA 02115	Director	Boston, MA 02115				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
■Other CFO	Other	□Other					
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 177 Huntington Ave., 17th Flr.	□ Vice Chairman	Address:177 Huntington Ave., 17th Flr.				
Director	Boston, MA 02115	□ Director	Boston, MA 02115				
□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.

,, Adam Malpocher, Chief Financial Officer

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DRAGONFLY GROUP 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-SIXTH DAY OF APRIL, 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 SAID "DRAGONFLY GROUP INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2020.

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

Authentication: 203055451

Date: 04-26-21

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