F2100003454

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

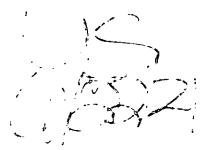




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COVER LETTER

TO:		tration Secti on of Corpo							
CHRI	ECT:	The Griffi	n inc						
3000	ECT.		Name of	corporati	on - mus	st include suffix			
Dear S	Sir or M	adam:							
"Certi!	ficate of	Existence.	n by Foreign Corp or "Certificate of corporation to tra	f Good St	anding"	rization to Transac and check are sub Florida.	et Business in mitted to regis	Floridater the	a."
Please	return a	all correspo	ndence concernin	g this mat	ter to the	following:			
			10	anny Griff	in				
				Name	of Person	1		202	
			T	he Griffin	inc			الالا 1202	
				Firm/Co	ompany			\sim	• • • •
			11	0 WIANN) AVEN	UE SUITE 2		2	· ·
-				Ad	dress		. 10	.;; ⊒:	7.73
			(OSTERVII	LE. MA	02655		.3 G	
			<u> </u>	City/State	and Zip	code	· · · · · ·		
				Danny:Grif	-				
			E-mail address:	(to be use	d for fut	ure annual report r	otification)		
For fu	rther inf	ormation co	oncerning this ma	tter, pleas	e call:				
Danny	Griffin		a	774 it (١.	6-6172			
	Name	e of Person		Area C	ode	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					
Please	sed is a c make ch).00 Fili	eck payable t	e following amout or FLORIDA DEI \$78.75 Filing Certificate of	PARTME: Fee &	□ \$78.	TATE 75 Filing Fee & tified Copy	S87.50 Certific	ate of	Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

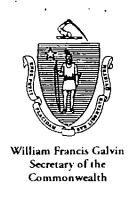
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

The Griffin			<u> </u>
	orporation; must include "INCORPORATED." orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
		oyo, Inc	
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	ness in Florida)
	chusetts3.	86-2914140	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	le)
marc	h 26th 2021 5. of incorporation)		
(Date	of incorporation)	(Date of duration, if other than pe	erpetual)
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	021 .11
	1990 Main Street, Suite 7	50, Sarasota, 34236	를 :
	(Principal offic	e <u>street</u> address)	75
	10 WIANNO AVE SUITE 2	OSTERVILLE, MA 02655	T
	(Current mailin	g address, if different)	13.
		0.000	
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	George L Muthart Jr		
ffice Address:	11160 Lost Creek Ter 104		
	Bradenton, FL	. Florida 34207	
	(City)	(Zip code)	
Having been nam lesignated in this		(Zip code) re of process for the above stated corp gont as registered agent and agree to a	ct in this capa

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							
□Chairmun	Name:	[]Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Sarasota, FL 34236	□Director					
□President		□President					
XIVice President	of Florida	□Vice President					
DScoretary	OTreasurer	□ Secretary	□Treasurer				
Managin Managin	g Broker Other	□Other					
Flore							
□ Chairman	Name.	□Chairman	Name:				
	Address:	□Vice Chairman	Address: :2				
□Director		□Director	<u> </u>				
□President		□President	22				
□Vice President		□Vice President					
□ Secretary	D'I reasurer	□ Secretary	[]Treasurep				
LIOther	Other	□ Other	□ Uther <u>ω</u>				
□Chairman	Name:	□Chairman	Nume:				
□Vice Chairman	Address:	□Vice Chairman	Address				
E)Director		C.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.		-marca 6	1/1/1/2012				
	Signature of Director of	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.							
13		George	L Muthert Jo.				
	(Typed or printed name and capacity of personal	on signing application	1				



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: May 27, 2021

To Whom It May Concern:

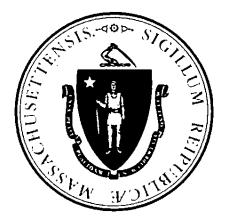
I hereby certify that,

THE GRIFFIN, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on March 26, 2021.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

ranino Galelin

Certificate Number: 21050674910

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

Processed by: ili