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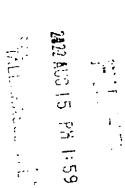
(Requestor's Name)
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S. ROBERTS AUG 1 5 2022

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Better Future Technologies	s, Inc.		
		e of corporation -	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Of Existence," or "Certificated foreign corporation to	te of Good Stand	ling" and check are sub-	
Please return	all correspondence concer	ning this matter t	to the following:	
Kevin Yen				
		Name of P	erson	
Better Future	l'echnologies, Inc.			
		Firm/Comp	pany	
30 N Gould St	STE 4000			
		Addres	SS	
Sheridan, WY	82801			
		City/State an	d Zip code	
kevin@coinho				
	E-mail addre	ss: (to be used fo	r future annual report n	otification)
For further in	formation concerning this	matter, please ca	ill:	
Kevin Yen		917 at (848-8452	
Nam	e of Person	Area Code	_) 848-8452 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		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations	
	_	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.

(If name unavail	able in Florida, enter alternate corporate nam		• •	_	
Delaware		36-2	-4996832		
(State or count	y under the law of which it is incorporated)		4996832 (FEI number, if applicable)		
August 27, 202		5			
(Date of incorporation) 5.		<i>-</i>	(Date of duration, if other than perpetual)		
	(Date first transacted busines		rida, if prior to registration)		
30 N Gould St S'		.1502,	F.S., to determine penalty liability	ty)	
30 N Gould St S'	E 4000		F.S., to determine penalty liability reet address)	(y)	
30 N Gould St ST	E 4000 (Principal c			(y)	
	E 4000 (Principal of S01	office <u>st</u>			
Sheridan, WY 82	E 4000 (Principal of S01	office <u>st</u> lling ad	reet address) dress, if different)		
Sheridan, WY 82	(Principal of S01 (Current mail	office <u>st</u> lling ad	reet address) dress, if different)	2872 AUG 15	
Sheridan, WY 82 Name and stre Name:	(Principal of S01) (Current mainst address of Florida registered agent: (I	office <u>st</u> lling ad	reet address) dress, if different)	2872 AUS 1	
Name and stre	(Principal of S01) (Current maintenance address of Florida registered agent: (Example 1 Agents Inc. 7901 4th St.N. STE 300	office <u>st</u> lling ad	reet address) dress, if different)	2822 AUS 15	

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 Kevin Yen Name: □Chairman □ Chairman Name: 1180 Terralago Way Address: ☐ Vice Chairman Address: □Vice Chairman Kissimmee, Florida 34746 □ 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 _____ Name: _____ Name: _____ □ Chairman □ Chairman □ Vice Chairman Address: _____ ☐ Vice Chairman Address: ____ □ Director □ Director □President □President □Vice President _____ □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □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. 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. Kevin Yen 13.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "BETTER FUTURE TECHNOLOGIES, 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 NINTH DAY OF AUGUST, A.D.

2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTER FUTURE TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2021.

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

The same of the sa

Authentication: 204122926

Date: 08-09-22