F23000002913

(Requestor's Name)				
(Address)				
(4.11)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Sertifica copies				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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02/08/23--01024--008 **78.75

05/17/23--01009--022 **150.00

2023 FEB - 5 FT 2:39

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stavvy, Inc.	
Name of corporat	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Brooke Adams	
Name	of Person
Stavvy. Inc.	
Firm/C	Company
101 Federal St.	
A	ddress
Boston, MA 02110	
City/Sta	te and Zip code
governance@stavvy.com	·
•	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Brooke Adams at (508	Code Daytime Telephone Number
Name of Person Area (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 DEPARTMI \$\Boxed{1}\$ \$70.00 Filing Fee \$\Boxed{1}\$ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$\Boxed{\Boxed}\$\$ \$87.50 \text{ Filing Fee,} \text{ Certified Copy} \text{ Certified Copy} \text{ 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.

Stavvy, Inc.				
(Enter name of c	orporation; must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY." "CORPORATION."		
(If name unavail:	able in Florida, enter alternate corporate name add	pted for the purpose of transacting business in	Florida)	
Dalawasa				
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. December 17, 20	018 5.			
4. (Date of incorporation) 5.		(Date of duration, if other than perpetual)		
6. 4/16/2021				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502			
_ 101 Federal St, B	oston MA 02110	r.s., to determine penarty maonity)		
/	(Principal office	street address)		
			25	
7.02	(Current mailing a	ddress, if different)	2023 F.E	
			_ ;	
8. Name and street	et address of Florida registered agent: (P.O. E	Sox NOT acceptable)	رن 1	
Name:	Registered Agents Inc		 	
Office Address:	7901 4th St N STE 300		٥.	
	St. Petersburg	, Florida	d	
	(City)	(Zip code)		

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.

Registered Agents Inc.
Bill Havre - Assistant Secretary

(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			n I. Adama
□Chaiπnan	Name: Konstantinos Ligris	□Chairman	Name: Brooke Adams
☐ Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Boston, MA 02110	□Director	Boston, MA 02110
· ☐ President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	Treasurer
Other	Other	Other	□Other
□Chairman	Daniel P White	□Chairman	Name: Eduardo Arreaga
·=	101 Federal St.	□ Vice Chairman	Address:
Director	Boston, MA 02110	☐ Director	Boston, MA 02110
□President		□President	
		□Vice President	
Secretary	☐ Treasurer	Secretary	□ '[reasurer
Other	□ Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
-			Address:
☐ Director	Address:	□Director	
□President		□President	
□ Vice President		□ Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
The officer or dir she is aware that s.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Stavy: E. Adams Signature of Director of Signature of Director of the information submitted in a document to the Department, Secretary	or Officer or I I above) affirms timent of State consti	that the facts stated herein are true and that he or tutes a third degree felony as provided for in
13. <u>Brooke Ad</u>	ans, Secretary		

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STAVVY, 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 JANUARY, A.D. 2023.

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: 202449699

Date: 01-09-23