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COVER LETTER

TO:		tration Section on of Corporations			
SUBJE	ECT:	BARD FINANCIAL SERVICE	S. INC.		
		Name of	corporation	- must include suffix	
Dear Si	r or M	adam:			
"Certifi	cate of	"Application by Foreign Corp 'Existence," or "Certificate of eed foreign corporation to tran	Good Stan	iding" and check are sub	
Please r	eturn a	all correspondence concerning	this matter	to the following:	
JEFFRE	EY WE	LSH			
			Name of	Person	
			Firm/Con	npany	
6209 SI	GNAT	URE POINTE LANE			
			Addre	288	
BRADE	ENTON	, FL 34210			
 -	_	(City/State a	nd Zip code	
jeff@ba	rdfman	cial.com			
		E-mail address: (to be used t	for future annual report n	notification)
For furt	her inf	ormation concerning this matt	ter, please c	call:	
JEFFRE	Y WE	LSH at	(203) 641-0107	
	Name	of Person	Area Cod	e Daytime Telepl	hone Number
	Regist Divisi The C 2415 i	cet/Courier address: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 passee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	iake ch	check for the following amour eck payable to: FLORIDA DEP ing Fee	ARTMENT	OF STATE S78.75 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.

	ible in Florida, enter alternate corporate name a	ndopted for the purpose of transacting bus	iness in Florida)
CT	y under the law of which it is incorporated)	(FEI number, if applicat	
	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
02/03/1984	5.	(Date of duration, if other than p	
(Date	of incorporation)	(Date of duration, it other than p	perpetual)
N/A			
		Florida, if prior to registration) 02, F.S., to determine penalty liability)	
388 EAST MAIN	STREET, BRANFORD, CT 06405		
		ce <u>street</u> address)	
	(Current mailin	g address, if different)	
Name and stree	t address of Florida registered agent: (P.O JEFFREY WELSH). Box <u>NOT</u> acceptable)	DUA POUS
Name:	JEFFREY WELSH). Box <u>NOT</u> acceptable)	91 SAV 470?
	JEFFREY WELSH 6209 SIGNATURE POINTE LANE). Box <u>NOT</u> acceptable)	10
Name:	JEFFREY WELSH 6209 SIGNATURE POINTE LANE). Box <u>NOT</u> acceptable) Florida	16 Fi
Name:	JEFFREY WELSH 6209 SIGNATURE POINTE LANE	24210	10

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

under the law of which it is incorporated.

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

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, August 12, 2024 11:35 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	BARD FINANCIAL SERVICES, INC.	
Business ALEI	US-CT.BER:0152495	
Formation Date	02/03/1984	

Secretary of the State

Business ALEI: US-CT.BER:0152495

Note: To verify this certificate, visit Business.ct.gov

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