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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Empil | Address: | | | |
|-------|-----------|--|--|--|
| | MURLIPSS: | | | |

FOREIGN PROFIT/NONPROFIT CORPORATION

Fuzzbuzz Technologies Inc.

| Certificate of Status | 0 | | |
|-----------------------|---------|--|--|
| Certified Copy | 0 | | |
| Page Count | 04 | | |
| Estimated Charge | \$70.00 | | |

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T. LEMIEUX MAR 17 SOSS^{dlaH} Mar 14, 2025 11:24 . To: ~18506176383 Page: 2/4 Fax: 18134365206

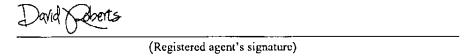
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

| 1 Fuzzbuzz Tech | anologies Inc. | | | |
|-------------------|--|---|--------------|--|
| | corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | | |
| Vermont | ilable in Florida, enter alternate corporate name add | | | |
| 2. (State or coun | try under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 4. 5/20/2013 | | | | |
| | te of incorporation) | (Date of duration, if other than perpetual) | | |
| 6. | | | | |
| ·· | (Date first transacted business in F | lorida, if prior to registration) | | |
| 3 | (SEE SECTIONS 607.1501 & 607.1502 | , F.S., to determine penalty hability) | | |
| 7 | TE 300 St. Petersburg FL 33702 | | | |
| | (Principal office | street address) | *** | |
| 7901 4th St N S | TE 300 St. Petersburg FL 33702 | | 7.71 7.71 | |
| | (Current mailing a | ddress, if different) | = : | |
| | | | | |
| 8. Name and str | eet address of Florida registered agent: (P.O. I | Box NOT acceptable) | | |
| | Registered Agents Inc | - | - : | |
| Name: | | <u> </u> | | |
| Office Address: | 7901 4th St N STE 300 | | 27 | |
| | St. Petersburg | — . Florida ³³⁷⁰² | ~ | |
| | (City) | (Zip code) | | |

9. Registered agent's acceptance:

Having heen 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.

Mar 14, 2025 15:24 . To: +18506176383 Page: 3/4 Fax: 18134365206

| A. DIRECTORS | | | | | | | |
|--|-------------------------|-----------------|-------------|------------|--|--|--|
| □Chairman | Allman,Susan Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | | | | |
| ☑ Director | 7901 4th St N STE 300 | □Director | | | | | |
| ☑ President | St. Petersburg FL 33702 | □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 | | | |
| | | | | | | | |
| 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 | | | |
| 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 | | | | | | | |

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.



STATE OF VERMONT OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

I, SARAH COPELAND HANZAS, the Secretary of State of the state of Vermont, hereby certify in accordance with 11 V.S.A. § 1.28, that on this day, the records of the Office of the Secretary of State show that:

FUZZBUZZ TECHNOLOGIES, INC.

a Vermont domestic business corporation

Is DULY ORGANIZED under the laws of the state of Vermont; that it was incorporated on the 20th day of May, A.D. 2013; that all fees and penalties owed to the state of Vermont under 11A V.S.A. § 1.22 of this title have been paid; that its most recent annual report required under 11A V.S.A. § 16.22 has been delivered to the Secretary of State; and that articles of dissolution have not been filed for this corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this on this 12th day of March, A.D. 2025.



Sarah Copeland Hanzas Secretary of State

Record No.: 282263

Certificate No.: C2025CT0055928

Certificate may be verified online at: https://bizfilings.vermont.gov/business/verifycertificate

Sucalidad



Fax: 18134365206