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B KINSEY



July 31, 2019

STEVE CHAPIN 1964 BAYSHORE BLVD., STE B DUNEDIN, FL 34698

SUBJECT: BUDDI US, LLC Ref. Number: W19000069398

We have received your document for BUDDI US, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

in the transfer with the second of the secon

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 119A00015687

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COVER LETTER

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TO:

Registration Section

Division of Corporation	ns		
Buddi US, LLC SUBJECT:			
	Name of Lim	nited Liability Company	
		y for Authorization to Transact Busined foreign limited liability company t	
Please return all correspondence	concerning this matter to the foll	lowing:	
Steve Chapin			
	Name	e of Person	
Buddi US, LLC	:		
·	Firm/	Company	
1964 Bayshore	Blvd, Suite B		
	A	ddress	
Dunedin FL 34	698		
	City/State	and Zip Code	
steve@buddi.us			2019 AUG
	E-mail address: (to be used fo	r future annual report notification)	
For further information concerning	g this matter, please call:		8 : 7 : 11
Steve Chapin	2	727 560.8432 t()	P
Name o	of Contact Person	Area Code Daytime Teleph	
	P.O. Box 6327 Clifton Building		ions er Circle
Enclosed is a check for t Please make check paya	he following amount: ble to: FLORIDA DEPARTMI	ENT OF STATE	
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	-	\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	,		rnate name must include "Limited Li	аонку Сопрану	i, "L.I. C, or	"I.I.C.")	
Delaware		3	37-1749414 (FEI nun				
(Jurisdiction under the law of w	nich foreign limited liability comp my 18 organized)	υ.	(FEI nun	iber, if applicabl	leı		
	N. C.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration nine penalty li	ability)				
	uite B Dunedin FL 34698	1964 Bayshore Blvd, Suit			e B Dunedin FL 34698		
(Street Address of I	rincipal Office)	0.	(Mailing Ad	dress)			
		_					
				_	201		
		-			<u>9</u>		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	cceptable)	-	ਨ ।	(.2353) (.2353)	
				2	8	i Tana	
	Corporation Service Company			:	PH 4: 3	[]	
Name:	***			-r,	∓. ⇔	1,327	
Office Address:	1201 Hays Street			'	7		
Office Address.							
	Taflahassee		32301 , Florida (Zip co				
	(City)		(Zip co	de)			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
■Manager	Name: Steve Chapin	Manager	Name:	
Member	Address: 1964 Bayshore Blvd.	Member	Address:	
Authorized	Suite B, Dunedin FL 34698	Authorized	-	
Person		Person		-
Other	Other	Other		Other
Manager	Name:		Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	2019 AUG
Member	Address:	Member	Address:	
Authorized		Authorized		70 11
Person		Person		
Other	Other	Other		□Other S

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Steve Chapin

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BUDDI US, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO WAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF JULY, A.D. 2019.

WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2013.

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

I hereby centry this to be a true and correct copy of the original on file.

Certified on this date.

SCOTT SCHWAB Secretary of State Schrat

5410252 8300 SR# 20195962719

You may venfy this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203213059

Date: 07-15-19