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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/28/22

NAME: BETTERFLY OPERATING LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

ro:	Registration Section Division of Corporations							
11 (1) 11	BETTERFLY OPERATING LLC							
SUBJECT: Name of Limited Liability Company								
The en Exister	sclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida						
lease	return all correspondence concerning this matter	to the following:						
	Stephen Zagami							
		Name of Person						
	Velaweity Legal Support Services							
		Firm/Company						
	550 Cochituate Rd., East Wing 4th Fl	oor, Suite 25						
	Address							
	Framingham, MA 01701							
		City/State and Zip Code						
	juanluis@nextlegal.us							
	E-mail address: (to b	e used for future annual report notification)						
For fu	rther information concerning this matter, please ca	all:						
Stephen Zagami		508 310-1001 at ()						
	Name of Contact Person	at () Area Code Daytime Telephone Number						
	Mailing Address: Registration Section	Street Address: Registration Section						
	Division of Corporations	Division of Corporations						
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE. \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate						

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting husiness in Fl	lorida. The alter	nate name must include "Lunited Liabili	ty Company," "L.L.C," or "LEC	(".")
Delaware			5-1823397		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, it	applicable)	
·				_	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ine penalty liab	ility)		
	e 501, Miami, FL 33133		10 Mary Street, Suite 501, M		
Street Address of Principal Office)		6	(Mailing Address)		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	EXCLAST	_
Name and street addrest	ss of Florida registered agent: (P.O. Box Eduardo della Maggiora Herrera	NOT acc	eptable)	ENELYMON 28 P	•
			eptable)	EXELECTIVE SELL FLOR	•
Name:	Eduardo della Maggiora Herrera 3310 Mary Street, Suite 501		2jp code)	TALLAHASSILAFLERIU	•

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Eduardo	della	Maggiora	
		(Registered agent's signature)	

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 Capacity: Name and Address: Name: _____ Name: ____ Eduardo della Maggiora Herrera □Manager □Manager 3310 Mary Street, Suite 501 Address: _ Address: ____ 3310 Mary Street, Suite 501 ■ Member □ Member Miami, Florida 33133 Miami, Florida 33133 □ Authorized □ Authorized Person Person ■Other_CEO Secretary Treasurer President Other _ Eduardo Rodriguez Grau Francisco Riveros Cantuarias Name: □Manager □Manager Name: Address: Miami, Florida 33133 3310 Mary Street, Suite 501 Address: 3. □Member □Member Miami, Florida 33133 Miami, Florida 33133 □ Authorized □ Authorized Person Person ■Other Chief Administrative Officer. □Other__ ■Other Chief Financial Officer □Manager □ Manager Name: ☐ Member □Member Address: □ Authorized □ Authorized Person Person □Other 2 Other___ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Eduardo della Maggiora Signature of an authorized person Eduardo della Maggiora Herrera

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BETTERFLY OPERATING LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTERFLY OPERATING LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2021.

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





Authentication: 204941057

Date: 11-28-22

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