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2824 JUL =9 PN 3:

APPROVED AND FILED

JUL 0 9 2024 IC. Brumbley



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 7/9/2024

PRIORITY Regular Approval

OUR REF # (Order_ID#) 1268282

ORDER ENTITY

BW4 PROPERTIES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

BW4 PROPERTIES, INC. (FL)

File the attached foreign qualification document

NOTES:

\$520.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 9, 2024 Page 1 of 1

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.

	Inc			
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	l,"	
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting	g business in Florida	
Massachusetts		3 46-4965497		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
03/24/2014		5		
(Date of incorporation)		(Date of duration, if other t	(Date of duration, if other than perpetual)	
12/17/2021				
60 Thoreau Stree		s in Florida, if prior to registration) ,1502, F.S., to determine penalty liabilit	y)	
60 Thoreau Stree	(SEE SECTIONS 607.1501 & 607 t, #263, Concord, MA 01742		iy)	
60 Thoreau Stree	(SEE SECTIONS 607.1501 & 607 t, #263, Concord, MA 01742 (Principal o	.1502, F.S., to determine penalty liabilit	(y)	
	(SEE SECTIONS 607.1501 & 607 t, #263, Concord, MA 01742 (Principal o	.1502, F.S., to determine penalty liabilit office street address)		
	(SEE SECTIONS 607.1501 & 607 t, #263, Concord, MA 01742 (Principal of Current ma	.1502, F.S., to determine penalty liabilit office street address)		
Name and stre	(SEE SECTIONS 607.1501 & 607.1501	.1502, F.S., to determine penalty liabilit office street address)	2024 JUL -9 PM	
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1501	.1502, F.S., to determine penalty liabilit office street address)	2024 JUL -9 P	

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.

Robert A. Cooper, Esq. (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.

A. DIRECTORS						
□Chairman	William Wright Name:	[]Chairman	Name:			
□Vice Chairman	Address: 60 Thoreau Street #263	□Vice Chairman	Address:			
■ Director	Concord MA 01742	□Director				
■ President		□President				
□Vice President		□ Vice President				
■Secretary	■ Treasure:	Secretary		□Treasurer		
DOther	□Other	Other		Other		
□ Chairman	Name:	DChairman	Name:			
□Vice Chairman	Address:	☐ Vice Chairman	Address:			
□Director		□Dìrector				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary		☐Treasurer		
Other	Other	Other		□Other		
□Chairman	Name:	□Chairman				
□ Vice Chairman	Address:	□Vice Chainnan	Address:			
Director		□Director				
□President		□President				
□Vice President		□ Vice President				
Secretary	□Treasurer	☐ Secretary		Treasurer		
Other		□Other		ClOther		
individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	ent of State Annual R	teport form.			
12. William	Wright Signature of Director of	or Officer				
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.						
13. William Wri	ght, President, Director (Typed or printed name and capacity of persident)	on signing application	.n)			
	(1) been or bringer transcrate exhants or bern	on signing approach	••• /			



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston. Massachusetts 02188

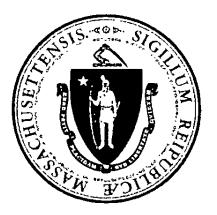
Date: July 02, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office,

BW4 PROPERTIES INC

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

William Travino Galecin

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 24060545330

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: SHe