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To:

Division of Corporations

Ear Number : (850)617-6383

Front

Account Name : MRAI SERVICES, LAC

Account Number : 120080000164 Prome : (202)674-4089 Fax Number (302)674-5266

**Recent the gman) address for this resiness entity to be used for future control report markings. Noter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION HY OX SUPERWATER, INC.

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO:	Registration Sect Division of Corpo							
	HY OX SU	PERWATER, INC.						
SUBJECT: Name of corporation - must include suffix								
Dear :	Sir or Mudanu:							
"("erti	nclosed "Application ficate of Existence, referenced foreign	" or "Certificate of	of Good St	gaibna	f and check are sub-	et Business in Florida," mitted to register the		
	: return all correspo HANIE WALLO	ndence concernir						
			Name (of Perso	n			
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			Firm/Co	mpany	- A-19 At 20 100 120 00 00 00 00 00 00 00 00 00			
140 C	REENTREE DRIVE							
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DOV	ER, DE 19904							
			City/State	and Z	p code			
	XSUPERWATER@0							
	ren weet taken ontwick was not be to a second	E-mail address:	(to be use	d for fi	iture annual report i	notification)		
For fe	irther information (concerning this m	atter, pleas	e call:				
STEPHANIE WALLO		30,1	(674-4089				
	Name of Person		Area C	ode	Daytime Telep	hone Number		
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassec, FL	oonations Center Circle	S:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclo	osed is a check for t	he following amo	ount:					
\$ \$	70.00 Filing Fee	☐ \$78.75 Filing Certificate of			8.75 Filing Fee & entitled 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.

(If name unavaila	ble in Florida, enter alto		opted for the purpose of transact	ing business in Florida)
DEL		3	81-49/0157	
(State or country	under the law of which	h it is incorporated)	(FEI number, if a	ipplicable)
01-	09 - 17	5.		
(Date	of incorporation)		(Date of duration, if other	or than perpetual)
	N/A			
	(SEE SECTIO	NS 607.1501 & 607.150	Anrida, if prior to registration) 2, F.S., to determine penalty liab	
1460	5 Mondavi	Ct, Tax	mpa FL 336 Toffice address)	26
S ,	سمُ اسفا			7
5	AME.	(Current mailing	address, if different)	77. 7
S /	<u> ME</u>	(Current mailing	address, if different)	21
aranda dipan goʻli 🕲 piyoʻnayilarili mah amma bi. Pilmi			L^{*}	27 M
acards (face grill @ phyllogifler/limb amm. h. Pilm;	t address of Florida	registered agent: (P.O.		27 M 9
. Name and stree Name:	t address of Florida NRAI =	registered agent: (P.O. Services, In South Pine]	Box NOT acceptable) .c. [sland Road	27 M 9: 33
. Name and street	t address of Florida NRAI =	registered agent: (P.O. Services, In South Pine]		27 M 9: 33

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 om familiar with and accept the obligations of my position as registered agent.

Stephanie Wallo, Assistant Secretary NRAI Services, INC.
(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.

	nd business addre	2862 Of Others	major directors.		
A. DIRECT	rors O -	:-	Lunges		
Chairman: _	KEIN	ERIO	ct		
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	Tampa	F L	33626		<u> </u>
Vice Chairma	in:	AL ICTIV			
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Director:					
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Address:					
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Secretary: _					
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Treasuron _					
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			endum to the application listi		
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Page 1

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

DELAWARE, DO HEREBY CERTIFY "HY OX SUPERWATER, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE: OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE EEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HY OX SUPERWATER, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2016.

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

:

Authentication: 202218860

Date: 02-27-18