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NECRETARY OF STATE

JAN 28 2016

3 MASON

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Novabenz:	Industries	Inc.		
		Name of corporat	ion - must include suffix			
Dear S	ir or Madam:					
"Certif	icate of Existend	tion by Foreign Corporation ce," or "Certificate of Good S gn corporation to transact bus	Standing" and check are sub			
Please	return all corres	pondence concerning this ma	tter to the following:			
	Av	on Hambrick	<u>,</u>			
		Name	of Person			
	Novabe	nz Industrie	s, Inc.			
		Firm/C	Company			
	3951 7	-th Street		· · · · · · · · · · · · · · · · · · ·		
	<i>P</i> (Ac	ldress			
	Dade	City, FI 3	35525			
	10 a . A	Chy/stai	e and Zip code			
	710 1	abenz-Industr E-mail address: (to be us	ed for future annual report	notification)		
For fu		concerning this matter, plea				
Ave	Name of Person	brick at (35)	2 437 - 4	1974 hans Number		
	Name of Perso	in Area C	ode Daytime relep	none Number		
	STREET/COU Registration Se Division of Co		MAILING A Registration S Division of Co	ection		
	Clifton Buildin 2661 Executive	_	P.O. Box 6323			
	Tallahassee, FI		Tallahassee, F	L 32314		
Enclos	ed is a check for	the following amount:		/		
57 (0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &		

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.

Novabenz Indus	stries, Inc.				
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transac	ting business in Florida)		
DELAWARE 2.	3	81-1083798			
	y under the law of which it is incorporated)	(FEI number, if	,		
· · ·	(Date of incorporation)		(Date of duration, if other than perpetual)		
UPON FILING 6.					
7	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 DADE CITY, FL 33525	Florida, if prior to registration) 12, F.S., to determine penalty lial	bility)		
		l office address)			
13951 7TH, ST.,	DADE CITY, FL 33525				
	(Current mailing	address, if different)			
8. Name and street Name:	address of Florida registered agent: (P.O. Box NOT acceptable AVON HAMBRICK		ZOUR JAN 15 SECRETARY		
Office Address:	13951 7TH, ST.				
	DADE CITY	DADE CITY, , Florida 33525	STATI LORI		
	(City)	(Zip code)	DE II		

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.

Quen Hambrel

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS AVON HAMBRICK Chairman: 13951 7TH, ST., DADE CITY, FL 33525 Address: Vice Chairman: Address: Director: __ Director: **B. OFFICERS AVON HAMBRICK** President: 13951 7TH, ST., DADE CITY, FL 33525 Address: Vice President: Address: **AVON HAMBRICK** Secretary: 13951 7TH, ST., DADE CITY, FL 33525 Address: **AVON HAMBRICK** Treasurer: 13951 7TH, ST., DADE CITY, FL 33525 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director 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. AVON HAMBRICK, PRESIDENT

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NOVABENZ INDUSTRIES, 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 TWELFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVABENZ INDUSTRIES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 2016.

5933691 8300 SR# 20160171194

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

Authentication: 201657305

Date: 01-12-16