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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations				
AgriVentus, Inc.				
SUBJECT:		· -		
Name of	corporation	- mus	t include suffix	
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra-	of Good Star	ding"	and check are sub	
Please return all correspondence concerning Erika Bragan	g this matter	to the	following:	
	Name of	Person		
AgriVentus, Inc.				
	Firm/Com			
1318 Alicia Ave	Firm/Com	рапу		
Tampa, FL 33604	Addre	SS		
erika.bragan@agriventus.com	City/State a	nd Zip	code	
E-mail address:	(to be used i	or futu	ire annual report i	notification)
For further information concerning this mat	tter, please c	all:		
Erika Bragan	813	201	5-9157	
_	t()		
Name of Person	Area Code	 e	Daytime Telep	hone Number
STREET/COURIER ADDRESS:			MATE INC. A	hnnecc.
Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle			Tallahassee, F	L 32314
Tallahassee, FL 32301				
Enclosed is a check for the following amou	nt:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing I	Fee & □	\$78.7	75 Filing Fee &	■ \$87.50 Filing Fee,
Certificate of			fied Copy	Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	rporation; must include "INCORPORATED," "CC orp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"	
If name unavaila Delaware	ble in Florida, enter alternate corporate name adopte	ed for the purpose of transacting bus	siness in Florida)
Delaware			
(State or country July 21, 2016		(FEI number, if applica	
(Date	of incorporation) 5	(Date of duration, if other than	perpetual)
(=	,	(,, /
	(Date first transacted business in Flori		<u></u>
318 Alicia Ave,	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604 (Principal off	.S., to determine penalty liability)	
318 Alicia Ave,	(SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604	.S., to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·
318 Alicia Ave,	(SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604	.S., to determine penalty liability) ice address)	16 DEC
	(SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604 (Principal off	.S., to determine penalty liability) ice address) lress, if different)	16 DEC -5 31,715:04 CF ec
	(SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604 (Principal off (Current mailing add	.S., to determine penalty liability) ice address) lress, if different)	DEC -5 AH
Name and stree	(SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604 (Principal off (Current mailing add	ice address) lress, if different) x NOT acceptable)	9877 575 65 77 AB 1878 78 48 1878 78 1
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1502, F Tampa, FL 33604 (Principal off (Current mailing add t address of Florida registered agent: (P.O. Bo REGISTERED AGENTS INC. 3030 N. Rocky Point Drive, STE 150A	ice address) lress, if different) x NOT acceptable)	SHORY CLESS TO VERBINA

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.

Bill Havre/Secretary/Registered Agents 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Renata de Sousa Lima de Almeida 1318 Alicia Ave, Tampa, FL 33604 Address: ___ Vice Chairman: _____ Erika Bragan Director: 1318 Alicia Ave, Tampa, FL 33604 Address: Director: _ Address: ᇂ **B. OFFICERS** Renata de Sousa Lima de Almeida President: _ Address: Vice President: Erika Bragan Secretary: 1318 Alicia Ave, Tampa, FL 33604 Address: Treasurer: Address: ____ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Budgan 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.

Erika Bragan

13. _

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AGRIVENTUS 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGRIVENTUS INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2016.

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

6103536 8300 SR# 20166637654 Authentication: 203336898

Date: 11-15-16