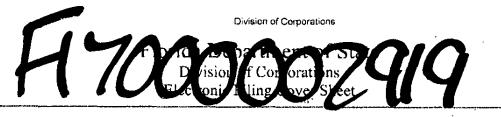
6/26/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000168953 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone

: (302)645-7400

Fax Number

: (302)645-1280

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:	julianad	@lio	ıuifix.	com

FOREIGN PROFIT/NONPROFIT CORPORATION

Liquifix, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

D SCOTT JUN 2 9 2017

To: Page 3 of 7

6/28/2017 14:36:23 EDT

13022694705 From: Harvard Fillings Team

850-617-6381

6/28/2017 1:00:27 PM PAGE 1/001 Fax Server



June 28, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: LIQUIFIX, INC.

REF: W17000053653

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 6D days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H17000168953 Letter Number: 917A00013086

JUN 28 MH 6: 4

40.0

٠,

177

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp ") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) 01/29/2010 (Date of incorporation) (Date of duration, if other than perpetual) No Transactions prior to Registration (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2256 Massaro Blvd., Tampa, FL 33619 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kenneth Gestal Name: 2256 Massaro Blvd. Office Address: Tampa (City) (Zip code) 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.

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				
Chairman:	-			
Address:				
Vice Chairman:				
Address:				
Director:				
Address:				
Director: Kenneth Gestal				
720 Weed St. New Canaan CT 06840 Address:				
B. OFFICERS				
President: Kenneth Gestal	• .*			
720 Weed St. New Canaan CT 06840 Address:				
	三·			
Vice President:	≥倍 旨 而			
Address:				
Secretary:	ිටු ව			
Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendym to the application	Plistippaddiffonal officers and/directors			
12. Zand.	Xx 9			
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. Kenneth Gestal - President				

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

(((H17000168953 3)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LIQUIFIX, 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-SIXTH DAY OF JUNE, A.D. 2017.

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

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

WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2010.

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



115

4783025 8300 SR# 20174947307

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

Authentication: 202779464

Date: 06-26-17

(((H17000168953 3)))