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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Duainaga Fakih, Nagaa)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Consist Instantian to Filling Office					
Special Instructions to Filing Officer:					

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J. HARRIE

COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ест: <u>Ро</u> Д	Name of corpor	Resea	vch and I	Jevelopment Corpo
Dear Si	ir or Madam:				
"Certif	icate of Existen	tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact b	Standing"	and check are sub	
Please	return all corres	pondence concerning this n	natter to the	following:	
_	1attheu	E. Morrall,	e of Person		
		E Morrall			
د	2850	North An	drew	s Aue.	
U	Wilton	Manors Flo	vida	3331	1
	Morral	E-mail address: (to be u	rall.	com	
		E-mail address: (to be u	ised for futu	re annual report	notification)
For fur	ther information	concerning this matter, ple	ease call:		
Malth	rew E. Mo	ervall at (95	54_)_	563-40	005
	Name of Perso	on Area	Code	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	fection orporations 7
Enclose	ed is a check for	the following amount:			
□ \$70	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	S87.50 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 BU	JSINESS IN THE STATE OF FLORIDA.
1. Port Everglades Research	mot Day do smeat Corporation
(Enter name of corporation, must include "INCORPORATED,"	"COMPANY" "CORPORATION"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,")	COMPANY: CORPORATION,
	
(If name unavailable in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business in Florida)
2. Delaware 3.	65-0461560
2. Delawave 3. (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. $12/10/93$ 5.	
4. $\frac{12\sqrt{10\sqrt{93}}}{\text{(Date of incorporation)}}$ 5.	(Date of duration, if other than perpetual)
5	
(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) (2, F.S., to determine penalty liability)
7. 251 Little Falls Drive, Wil	l office address)
1600 SE 8th Street, Ft. Laurent mailing	devotate Flanda 333110
(Current mailing	address, if different)
, , , , , , , , , , , , , , , , , , ,	
8. Name and street address of Florida registered agent: (P.O.	Box NOT acceptable)
Name: Matthew E. Morvall, P	
Office Address: 2850 North Andrews	Ave.
unitar Maranes	
Wilton Manors, (City)	(Zin code)
(0.1)	(S) 0000)
Registered agent's acceptance:	
Having been named as registered agent and to accept service	
designated in this application, I hereby accept the appointme	
further agree to comply with the provisions of all statutes red luties, and I am familiar with and accept the obligations of .	
, ,	V /
Martin E. Wel	
(Registered ag	gent'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 Chairman: Alberto Address: ____1600 Florida 33316 Vice Chairman: チャセハモ Address: 1600 Ft. Lauderdale Florida 33316 Address: ____ Address: **B. OFFICERS** President: Alberto Casaretto Address: _ 1600 SE Vice President: Trene Floxida 33316 Ft. Lauderdale, Florida 33316 Treasurer: Alber Address: 1600 SE 8th Street, Ft. Lauderdale, Florida 33316 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.

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

13. Alberto Casavetto

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PORT EVERGLADES RESEARCH AND

DEVELOPMENT CORPORATION" 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

THIRD DAY OF AUGUST, 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 "PORT EVERGLADES RESEARCH AND DEVELOPMENT CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 1993.

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

Authentication: 203000856

Date: 08-03-17

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