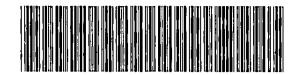
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(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO:	CO: Registration Section Division of Corporations			
CHDI	PHENIX GROUP 2020, S.A	. INCORPORA	TED	
SUBJ		of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to to	of Good Stan	ding" and check are subr	
	return all correspondence concern S W. SILVERS	ing this matter	to the following:	
		Name of I	Person	
PHEN.	IX GROUP 2020, S.A.			
		Firm/Com	pany	
34950	US 19 NORTH			
PALM	HARBOR, FLORIDA 34684	Addre	ss	
		City/State ar	d Zip code	
JWS@	PHENIXGRP.COM			
	E-mail address	: (to be used f	or future annual report n	otification)
For fur	ther information concerning this m	natter, please c	all:	
JAME:	S W. SILVERS	847 at (	975-4471	
<del></del>	Name of Person	Area Code	Daytime Teleph	one Number
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclos	ed is a check for the following amo	ount;		
<b>□</b> \$70	0.00 Filing Fee		\$78.75 Filing Fee & Certified 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.

I					
		orporation; must include "INCORPORATED. orp," "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,"		
 (If		able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)		
2. B	RITISH VIRG		66-0905984		
(5	State or country UGUST 24, 20	y under the law of which it is incorporated)	(FEI number, if applicable)		
6. A	(Date AUGUST 24,20	of incorporation)	(Date of duration, if other than perpetual)		
349	950 US 19 NO		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7		(Princi	ipal office address)		
SA	ME		70. 6		
-		(Current maili	ing address, if different)	77	
8. Na	ame and <u>stree</u>	t address of Florida registered agent: (P.	· · · · · · · · · · · · · · · · · · ·	i TT	
	Name:	James William Silvers	円 <b>2</b>	Ċ	
Offic	e Address:	34950 US 19 North	ORDER CONTRACTOR CONTR	) )	
		Palm Harbor	34684 , Florida		
		(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.

(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. Nam	es and business addresses of	officers and/or directors:	r/LED
A. DIRE	ECTORS		18 SEP 10 AH 2: 20
Chairman	GERALD JOSEPH LEROUX	(	TARCA: AH 2: 20
	34950 US 19 NORTH		TEATHAOSER STATE
	PALM HARBOR, FLORIDA 3		- URIDA
Vice Chai	rman:		
Address:			
Director:	JAMES WILLIAM SILVERS		
	34950 US 19 NORTH		
	PALM HARBOR, FLORIDA 3		
Director:			
Address:			
	JAMES WILLIAM SILVERS		
	34950 US 19 NORTH		
	PALM HARBOR, FLORIDA		
Vice Presi	See Addendum		
Address:			
Secretary:			
Address:	<del></del>		
Treasurer:			
Address:			
		``	isting additional officers and/or directors.
12.	must W. Silver		President/Director
are true a		it false information submitted in a	ficer ber 11 above) affirms that the facts stated herein a document to the Department of State constitutes
JAM	ES WILLIAM SILVERS	President/Directo	or

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

### **ADDENDUM**



### **B. OFFICERS**

**CHIEF EXECUTIVE OFFICER** 

GERALD JOSEPH LEROUX 34950 US 19 NORTH PALM HARBOR, FLORIDA 34684



# TERRITORY OF THE BRITISH VIRGIN ISLANDS **BVI BUSINESS COMPANIES ACT, 2004**



## CERTIFICATE OF INCORPORATION (SECTION 7)

The REGISTRAR of CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES, that pursuant to the BVI Business Companies Act, 2004, all the requirements of the Act in respect of incorporation having been complied with,

PHENIX GROUP 2020, S.A.

**BVI COMPANY NUMBER: 1990248** 

is incorporated in the BRITISH VIRGIN ISLANDS as a BVI BUSINESS COMPANY, this 24th day of August, 2018.



for REGISTRAR OF CORPORATE AFFAIRS

24th day of August, 2018