

F1900000631

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000040829 3)))



H190000408293ABC0

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
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2019 FEB -4 PM 4:46

RECEIVED BY OF STATE
19 FEB -4 PM 8:49

FILED

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ADVANCED EXTRACTION SOLUTIONS, INC.**

*****PLEASE NOTE THE
FUTURE EFFECTIVE
DATE OF: 2/15/2019*****

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

*****PLEASE NOTE THE
FUTURE EFFECTIVE
DATE OF: 2/15/2019*****

*****PLEASE NOTE THE
FUTURE EFFECTIVE
DATE OF: 2/15/2019*****

84
2-5-19

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

**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.*

1. Advanced Extraction Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 83-3371977

(State or country under the law of which it is incorporated)

(FBI number, if applicable)

4. January 9, 2019 5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. February 15, 2019

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16505 Diamond Place, Weston, FL 33331

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(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.

Sadi Boyette

Sadi Boyette, Asst. Secretary on behalf
of Capitol Corporate Services, 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.

FILED
19 FEB -4 AM 8:49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jose PolAddress: 16505 Diamond Place, Weston, FL 33331Director: Amit RazAddress: 16505 Diamond Place, Weston, FL 33331

B. OFFICERS

President: Jose PolAddress: 16505 Diamond Place, Weston, FL 33331Vice President: Amit RazAddress: 16505 Diamond Place, Weston, FL 33331Secretary: Amit RazAddress: 16505 Diamond Place, Weston, FL 33331Treasurer: Jose PolAddress: 16505 Diamond Place, Weston, FL 33331

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Jose Pol, President

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

RECEIVED
FEB 4 2019
DEPT. OF STATE
TALLAHASSEE, FL

19 FEB -4 AM 8:49

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED EXTRACTION SOLUTIONS, 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 FOURTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED EXTRACTION SOLUTIONS, INC." WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2019.

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



7230470 8300

SR# 20190714219

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202196748

Date: 02-04-19