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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*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

## Regenesis Bioremediation Products

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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JUN 04 2019

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.		nediation Products			
		rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPAÌ	NY," "CORPORATIO	N,"
	Regenesis Biorem	ediation Products Inc.	]		
	(If name unavailab	ole in Florida, enter alternate corporate name	adopted for	the purpose of transaction	ng business in Florida)
2.	California	3.			
-		under the law of which it is incorporated)		(FEI number, if a	pplicable)
4.	3/11/1994	5.	Perpetual		
•••		of incorporation)	([	Date of duration, if other	r than perpetual)
6.					
٠.		(Date first transacted business i			
		(SEE SECTIONS 607.1501 & 607.1	502, F.S., to	determine penalty liabi	
7	1011 Calle Sombra	s San Clemente CA 92673			200
′ ·			pal office ad	dress)	
	7901 4th St N STE	E 300 St. Petersburg FL 33702			SSR J
		(Current mail	ing address, i	f different)	PH F
			,		FLO
8.	Name and street	address of Florida registered agent: (P.	O. Box <u>NC</u>	<u>Tacceptable)</u>	0.7. *. 2. 2
		Northwest Registered Agent LLC			29 RIDA RIDA
	Name:	Ndrawest Registaled Agent LLC			•
O	ffice Address:	7901 4th St N STE 300			
		St. Petersburg	Flor	ida 33702	
		(City)	, , r to	(Zip code)	
		, ,			
9.	Registered agei	nt's acceptance:		an for the above stat	tad coenception at the place
H	laving been name	ed as registered agent and to accept ser application, I hereby accept the appoint	nce oj proci iment as res	ess for the above star distered agent and ag	ree to act in this capacity.
fu	irther agree to co	mply with the provisions of all statutes	relative to t	the proper and comp	lete performance of my
dı	uties, and I am fa	miliar with and accept the obligations	of my positi	ion as registered agei	nt.
	_		Nodbweet (	 Pagistared Agent I I (	~

Northwest Registered Agent LLC

Clave om Glover - Assistant Secretary

(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	
Chairman: Gavin Herbert 🗸	
Address: 1011 Calle Sombra	
San Clemente CA 92673	
Vice Chairman:	# 447-1
Address:	
Director: Gavin Herbert, Jr.   Gavin Herbert, Jr.	
Address: 1011 Calle Sombra	
San Clemente CA 92673	
Director:	,
Address:	2011 1A1
Audicas	- L
B. OFFICERS	ASSO TO
,	mg P Fil
President: Scott Wilson	FLO
Address: 1011 Catle Sombra	29 RIDE
San Clemente CA 92873	<del></del>
Vice President: Rick Gillespie	44
Address: 1011 Cate Sombra	
San Clemente CA 92673	
Secretary: Amy Dickerson✓	
Address: 1011 Calle Sombra San Clemente CA 92673	10.1.
Treasurer: Amy Dickerson ✓	
Address: 1011 Calle Sombra San Clemente CA 92673	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
12. Anubiculeson	
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 a third degree felony as provided for in s.817.155, F.S.	the Department of State constitutes
13. Any Dickerson, Treasurer  (Typed or printed name and capacity of person signing appli	cation)

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

REGENESIS BIOREMEDIATION PRODUCTS

FILE NUMBER:

C1883862

FORMATION DATE:

03/11/1994

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 29, 2019.

ALEX PADILLA Secretary of State