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AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Applicable Technology, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patricia Musto

Name of Person

Citrin Cooperman & Co. LLP

Firm/Company

529 Fifth Avenue

Address

New York, N.Y. 10017

City/State and Zip code

pmusto@citrincooperman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Musto

Name of Person

at (212) 697-1000 ext. 1350

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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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. Applicable Technology Inc.
(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)

2. State of Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/19/12 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. c/o Alan Cooperman 4529 66th Avenue NY, NY 10017
(Principal office address)

(Current mailing address, if different)

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

Name: Corporate Service Bureau Inc.

Office Address: 1540 Glenway Drive

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.

(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.

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

A. DIRECTORS

Chairman: Alan Baldwin - Managing Director

Address: Applicable Ltd 3130 Great Western Court
Stoke Gifford Bristol BS34 8HP United Kingdom

Vice Chairman: Mark Wand CTO

Address: 3130 Great Western Court
Stoke Gifford Bristol BS34 8HP United Kingdom

Director: Richard Leves - Director of Customer Delivery

Address: 3130 Great Western Court
Stoke Gifford Bristol BS34 8HP United Kingdom

Director: Debbie Spear - Finance Director

Address: 3130 Great Western Court
Stoke Gifford Bristol BS34 8HP United Kingdom

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. [Signature]

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. DEBBIE SPEAR FINANCE DIRECTOR

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

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INVESTIGATION

Delaware

The First State

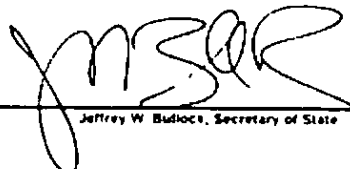
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "APPLICABLE TECHNOLOGY INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2019.

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Jeffrey W. Bullock, Secretary of State

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SR# 20196038214

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

Authentication: 203241261

Date: 07-18-19