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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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FOREIGN PROFIT/NONPROFIT CORPORATION Alkani Delivery Services Inc.

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OCT 28 2019

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. Alkani Delivery			
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)
2. New York	New York 3, 82-4061102		
	y under the law of which it is incorporated)	(FEI number, if applicable)	_
4. 01/08/2018	5		
	of incorporation)	(Date of duration, if other than perpetual)	
6.			
·	(Date first transacted business in		
	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty habitity)	
7,3820 Charles C	t Seaford NY 11783 (Principa	al office address)	
	(Current mailing	3 address, if different)	-
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	2019 00
Name:	Registered Agents Inc.		
Office Address:	7901 4th St N STE 300	<u>.</u>	G 13
	St. Petersburg	, Florida <u>33702</u>	-11
	(City)	(Zip code)	<u>6</u>
			cρ

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 Agents Inc.

Bill Havre - 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: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: Kevin Welfi Address: 3820 Charles Ct Seaford, NY, 11783 Vice President: Secretary: Address: Treasurer: Address: _______/ NOTE: If necessary you may a ach 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. 13. Kevin Welti - President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ALKANI DELIVERY SERVICES INC. was filed on 01/08/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of October two thousand and nineteen.

Braden C Higher

Brendan C. Hughes Executive Deputy Secretary of State

201910240665 * MG

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