F19000005029

| | (Requestor's Name) | |
|----------------------|--------------------------|------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | P WAIT | MAIL |
| | (Business Entity Name) | |
| | | |
| | (Document Number) | |
| Certified Copies | Certificates of Status | • |
| Special Instructions | s to Filing Officer | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

| Date:1 | 1/05/2019 | |
|---------------|------------------------|-------------------------------|
| Name: | | |
| Reference #:_ | 4440470 | |
| Entity Name:_ | | CYPHYX CORP. |
| Articles | of Incorporation/Autho | rization to Transact Business |
| Amend | ment | J. File |
| ☐ Change | e of Agent | Secon |
| Reinsta | atement | |
| ☐ Conver | sion |)e(on |
| ☐ Merger | | |
| Dissolu | ition/Withdrawal | |
| ☐ Fictitiou | us Name | 2019 11 |
| Other_ | | |
| Authorized An | nourit: \$78.7 | 5 14:11:27 |
| Signature: | | |

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. CYPHYX COR | P | | | |
|--|--|----------------|---|------------|
| (Enter name of c "Inc.," "Co.," "C | corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.") | D," " <u>C</u> | OMPANY," "CORPORATION," | |
| (If name unavail | able in Florida, enter alternate corporate nar | ne sdop | ed for the purpose of transacting business in | n Florida) |
| 2. DELAWARE | | 3 | | |
| (State or country under the law of which it is incorporate | | <u>i)</u> — | (FEI number, if applicable) | |
| 4. June 9, 20 | 14 | | | |
| ·· ——— | of incorporation) | <i>J.</i> | (Date of duration, if other than perpet | ıal) |
| 6. | | | | |
| 42970 Tee | (Date first transacted busines (SEE SECTIONS 607.1501 & 607 | .1502, | S., to determine penalty liability) | |
| 712870 Tra | de Way Four, Suite 107 #665, Bo (Prin | | fice address) | |
| | (Current rus | iling ad | dress, if different) | |
| 8. Name and street | et address of Florida registered agent: (| P.O. Bo | × NOT acceptable) | 2019 85 |
| Name: | COGENCY GLOBAL INC. | | | ا ن |
| Office Address: | 115 N. CALHOUN STREET, SUITE 4 | | | ي |
| | 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 t 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. DIRE | CTORS | - |
|----------------------------|---|---|
| Chairman: | Charles C. Sammet | |
| Address: _ | 12870 Trade Way Four, Suite 107 #665 | |
| | Bonita Springs, FL 34135 | |
| Vice Chain | man: Robert J. DiCarlo | |
| Address: _ | 12870 Trade Way Four, Suite 107 #665 | |
| _ | Bonita Springs, FL 34135 | |
| Director: _ | Stephen C. Boes | |
| Address: _ | 12870 Trade Way Four, Suite 107 #665 | |
| _ | Bonita Springs, FL 34135 | |
| Director: | Jeffrey Horn | |
| Address: | 12870 Trade Way Four, Suite 107 #665 | |
| | Bonita Springs, FL 34135 | |
| B. OFFI | CERS | |
| President: | Charles C. Sammet | |
| Address: _ | 12870 Trade Way Four, Suite 107 #665 | |
| _ | Bonita Springs, FL 34135 | 1115 |
| Vice Presid | Robert J. DiCarlo | 7.3 2.3 |
| Address: _ | 12870 Trade Way Four, Suite 107 #665 | را درا : |
| _ | Bonita Springs, FL 34135 | 7. |
| Secretary: | | = |
| Address: _ | | -1 |
| Treasurer: | | |
| Address: _ | | |
| NOTE: E | f necessary, you may attach arraddendum to the application listing additional officers and/or direc | tors. |
| 12 | land to Land | |
| are true an a third deg | Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in a.817.155, F.S. | tated herein te constitutes |
| 13 C | charles C. Sammet, Director | |



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CYPHYX CORP." 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 NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYPHYX CORP."

WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 2011.

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

4994687 8300

SR# 20197894418

Authentication: 203929182

Date: 11-04-19







Phone & Fax: (888) 871-3273

www.cyphyx.com

November 4, 2019

To Whom It May Concern:

We consent to allowing CYPHYX Corp to use the company name CYPHYX.

Sincerely,

Charles C. Sammet

President