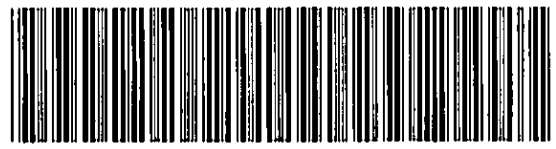


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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FR000005657

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2019

CAPITAL CONNECTION, INC.

SUBJECT: EXPONENTIAL FOODS INC.
Ref. Number: W19000107860

We have received your document for EXPONENTIAL FOODS INC. and your check(s) totaling \$203.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.1503 OR 617.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 019A00025365

RECEIVED
2019 DEC 20 PM 4:37
Tallahassee, Florida

2019 DEC 20 PM 10:30

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXPONENTIAL FOODS INC.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

2019 DEC 20 PM 10:30

Signature _____

Requested by: BA _____
Name _____ Date 12/12/19 _____ Time _____

Walk-In _____ Will Pick Up _____

CAPITAL CONNECTION, INC.

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(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXPONENTIAL FOODS INC.

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- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

2019 DEC 20 AM 0:30

Signature _____

Requested by: Seth

12/20/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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.

EXPONENTIAL FOODS INC.

1. (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. DELAWARE 3. APPLIED FOR (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 29, 2019 5. (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 111 NE 1st Street, 8th Floor #108, Miami, FL 33132 (Principal office street address)

Same Address (Current mailing address, if different)

2019 OCT 20 AM 10:39

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

Name: AMKE Registered Agents, L.L.C.

Office Address: One SE Third Ave., Suite 2250

Miami, Florida 33131 (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Ivan Jimenez de Sandi Garcia

Vice Chairman Address: 111 NE 1st Street

Director 8th Floor, #108

President Miami, FL 33132

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Ivan Jimenez de Sandi Garcia, Director
 (Typed or printed name and capacity of person signing application)

2019 APR 20 PM 12:30

Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPONENTIAL FOODS 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 FIFTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPONENTIAL FOODS INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

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

2019 DEC 20 11:10:30




Jeffrey W. Bullock, Secretary of State

7677760 8300

SR# 20198458717

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

Authentication: 204145553

Date: 12-05-19