Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000042720 3)))

	age. Doing so will g	enerate and	ther cover sn	eet. SSEE F
To:	Diminian of Co.		-	
	Division of Co: Fax Number	-		STATE LORIDA
From:				
	Account Name		L SERVICES,	INC.
	Account Number			
	Phone	: (855)4		
	Fax Number	: (800)4	32-3622	
	address for this			f

## FOREIGN PROFIT/NONPROFIT CORPORATION FERTILIZER USA INC.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50



· (2)

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Fertilizer USA Inc.				
Name of corporation - must i				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authori." Certificate of Existence," or "Certificate of Good Standing" as above referenced foreign corporation to transact business in Floring Please return all correspondence concerning this matter to the foreign corporation.		n = FD		
Name of Person	STATE STATE			
	P			
Capitol Services - Corporate Filings Team Firm/Company				
515 East Park Avenue 2nd Fl				
Address				
Tallahassee, FL 32301				
City/State and Zip c	code			
hakh.omar@gmail.com				
E-mail address: (to be used for futur	e annual report notification)			
For further information concerning this matter, please call:				
at ( 855 ) 498	- 5500			
Name of Person Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
_	5 Filing Fee & \$87.50 Filing Fee, ied Copy Certificate of Status & Certified Copy			

## 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.

(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  (State or country under the law of which it is incorporated)  4. 02/05/2020  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine peralty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine peralty liability)  (Current multing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Capitol Corporate Services, Inc.  Office Address:  515 East Park Avenue 2nd Fl  Tallahassee  (City)  7. 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 dutties, and I am familiar with and accept the obligations of my position as registered agent.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.  (Registered agent's signature)	1. Fertilizer US	SA Inc.		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Delaware (State or country under the law of which it is incorporated)  4. 02/05/2020 (Date of incorporation) (Date first transacted business in Florida, if prior to registeration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine peralty liability)  (Current mailing address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee (City)  (City)  7. 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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			"COMPANY," "CORPORATION,"	_
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Current mailing address, if different)  (	"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Current mailing address, if different)  (				
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Current mailing address, if different)  (				
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine peralty liability)  (Registered agent)  (Current mailing address, if different)  (Cur	(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)	_
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine peralty liability)  (Registered agent)  (Current mailing address, if different)  (Cur	2 Delaware	3.	<b>.</b> →	~``
(Current muiling address, if different)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301  (City) , Florida 4ddress)	(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	7021
(Current muiling address, if different)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301  (City) , Florida 4ddress)	4 02/05/202	20 5		) FE
(Current mailing address)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing address and address address address address address addres		of incorporation)	(Date of duration, if other than perpetual)	<del>-</del> <del>\o</del>
(Current muilling address)  Name: Capitol Corporate Services, Inc.  Office Address:  515 East Park Avenue 2nd Fl  Tallahassee  (City)  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			SSE	9
(Current muiling address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	ь	(Date first transacted business in	Florida, if prior to registration)	- <sub>-</sub> -
(Current muiling address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			02, F.S., to determine penalty liability)	<u> </u>
(Current muiling address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	7 708 Mounta	in Ash Way Deltona, FL 32725	OR X	<u></u>
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301 (City)  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	/. · · · · · · · · · · · · · · · · · · ·		d office address)	- 🗓
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.		` '	,	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.		(C)tik	and down if different	_
Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.		(Curion mating	g indutes, it different)	
Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			D 310T	
Office Address:  515 East Park Avenue 2nd FI  Tallahassee , Florida 32301 (City)  (City)  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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	8. Name and stre	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	
Tallahassee  (City)  (	Name:	Capitol Corporate Services, Inc.		
Tallahassee  (City)  (	000 411	515 East Bark Avenue 2nd El		
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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	Office Address:	515 East Faik Aveilde 2110 11	<u> </u>	
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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.		Tallahassee	, Florida 32301	
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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.		(City)	(Zip code)	
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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.				
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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.			ne of procure for the chous stated corneration at the	nlana
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.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.				
Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	further agree to o	comply with the provisions of all statutes re	elative to the proper and complete performance of i	
of Capitol Corporate Services, Inc.	duties, and I am	familiar with and accept the obligations of	my position as registered agent.	
of Capitol Corporate Services, Inc.		1 2 1	Krista Ahair Aset Secretary on h	ehalf
		#A	· · · · · · · · · · · · · · · · · · ·	
	_	(nastand)		<i>.</i> .

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: John Genera	
Address: 708 Mountain Ash Way	
Deltona, FL 32725	
Vice Chairman:	
Address:	
	2020 TAL
Director:	AR THE
Address:	ASS. & T
	EFG P
Disasters	~\ —
Director:	LORIDE LORIDE
Address:	<del></del>
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
	<u> </u>
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directors.
12. /s/ John Genera	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Departmen a third degree felony as provided for in s.817.155, F.S.	
13. John Genera, Director	
(Typed or printed name and capacity of person signing application)	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FERTILIZER USA 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 SIXTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FERTILIZER USATE DAY"

INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2020: OF

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

7836125 8300 SR# 20200860426

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

( )

Authentication: 202333576

Date: 02-06-20