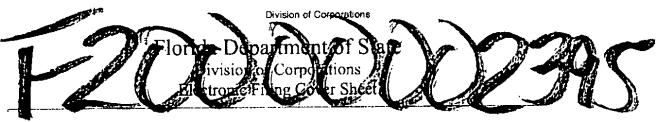
5/28/2020



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION HORUS RENEWABLES CORP.

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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.

| (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter afternate corporate name adopted for the purpose of transacting business in Florida DELAWARE [State or country under the law of which it is incorporated) (FEI number, if applicable) 12/03,2014 [Obite of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607,1501 & 697,1502, F.S., to determine penalty liability) 410 FRONT STREET, SUTE 300, JUPPTER FLORIDA 33477 (Principal office street address) 508 AMORYAN WAY, NEW SMYRNA BEACH, FL 32168 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: | |
|--|-------------|
| (State or country under the law of which it is incorporated) 12/03.2014 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date itrist transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 110 FRONT STREET, SUITE 300, JUPITER FLORIDA 33477 (Principal office street address) 508 AMORYAN WAY, NEW SMYRNA BEACH, FL 32168 (Current mailing address, if different) Name and sueet address of Florida registered agent: (P.O. Box NOT acceptable) C T CORPORATION SYSTEM | |
| (State or country under the law of which it is incorporated) 12/03, 2014 5. (Date of incorporation) (Date of duration, if other than perpetual) 05/25/2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607, 1501 & 697, 1502, F.S., to determine penalty liability) 110 FRONT STREET, SUITE 300, JUPITER FLORIDA 33477 (Principal office street address) 508 AMORYAN WAY, NEW SMYRNA BEACH, FL 32168 (Current mailing address, if different) Name and sueet address of Florida registered agent: (P.O. Box NOT acceptable) C T CORPORATION SYSTEM | |
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| Name and <u>sugget address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) C.T. CORPORATION SYSTEM | 5-3 6-3 |
| C T CORPORATION SYSTEM | |
| Name: C T CORPORATION SYSTEM | N ; |
| , 10110. | |
| 1200 South Pine Island Road | ٠.٦ |
| ffice Address: | : |
| Plantatio Florida 33324 (City) (Zip code) | .,, |
| (City) (Zip code) | |
| Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at a lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this constitutes agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent. Al All. All. All. All. All. All. All. | сарасил |
| C T CORPORATION SYSTEM, BY: CHRIS RICKARD, 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.

| A. DIRECTORS | | | | | |
|---|---------------------------------|-------------------|--------------------------|--|--|
| 国 Chairman | Name: ALEJANDRO JAVIER CHAVES | □Chairman | GUSTAVO CARRERO DIEZ | | |
| ∐Vice Chairman | Address: | □Vice Chairman | Address: | | |
| □Director | FUSTINANA (NAVARRA) 31510 SPAIN | ■ Director | WEST SACRAMENTO CA 95605 | | |
| □President | | □President | | | |
| □Vice President | | ElVice President | | | |
| Secretary | ☐ Treasurer | Secretary | □Treasurer | | |
| □Other | ∐Other | □Other | DOther | | |
| | ZAHARA JESSA | | | | |
| □Chairman | Name: | El Chairman | Nante: | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | |
| EDirector | NEW SMYRNA BEACH, FL 32168 | CiDirector | | | |
| □President | | Ti President | | | |
| □Vice President | | □Vice President | | | |
| ☐Secretary | ☐Treasurer | Secretary | ☐ Treasurer | | |
| OFFICE OFFICE | R DOther | □ Other | []Other | | |
| | | | ÷ . | | |
| UlChairman | Name: | []Chairman | Name: | | |
| | Address: | □Vice Chairman | Address: | | |
| ElDirector | | []Director | | | |
| □President | | []President | () | | |
| ElVice President | | IIIVice President | | | |
| ☐Secretary | []Treasurer | □ Secretary | Treasurer | | |
| □Other | | ElOther | ☐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-filorida Department of State Annual Report form. | | | | | |
| Signature of Litrocter 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. 7. The Ara Telescope of the Carlot of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | | | |
| (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 THAT "HORUS RENEWABLES CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRD DAY OF DECEMBER,

A.D. 2014, AT 2:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "HORUS RENEWABLES CORP.".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORUS

RENEWABLES CORP." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER,

A.D. 2014.

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

100

5650242 8310

Authentication: 202974541

Date: 05-21-20

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SR# 20204315413
You may verify this certificate online at corp.delaware.gov/authver.shtml