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(Address)

(City/State/Zip/Phone #)

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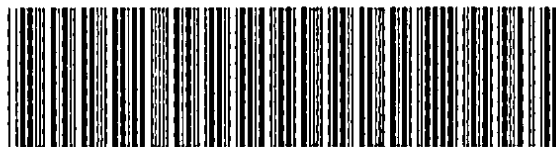
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W20000078274

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FILED
2020 AUG 12 PM 3:14
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2020

ARUP SEN
3499 NW 97TH BOULEVARD
SUITE:4
GAINESVILLE, FL 32906

SUBJECT: INFUSION BIOSCIENCES HEMP SOLUTIONS INC.
Ref. Number: W20000078274

We have received your document for INFUSION BIOSCIENCES HEMP SOLUTIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 220A00013883

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFUSION BIOSCIENCES HEMP SOLUTIONS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ARUP SEN

Name of Person
INFUSION BIOSCIENCES HEMP SOLUTIONS INC.

Firm/Company
3499 NW 97TH BOULEVARD, SUITE 4

Address
GAINESVILLE, FL 32906

City/State and Zip code
arup@infusionbiosciences.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARUP SEN at (352) 222-8959
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, 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.*

INFUSION BIOSCIENCES HEMP SOLUTIONS INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

IFB HEMP SOLUTIONS INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA 3. 84-2232905
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 22 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 321 W WINNIE LN STE 104, CARSON CITY, NV 89703-2154
(Principal office address)

3499 NW 97TH BOULEVARD, SUITE 4, GAINESVILLE, FL 32906
(Current mailing address, if different)

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

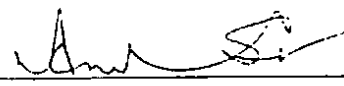
Name: ARUP SEN

Office Address: 3499 NW 97TH BOULEVARD, SUITE 4

GAINESVILLE 32906
_____, Florida _____
(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) (ARUP SEN)

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.

FILED
2020 AUG 12 PM 3:14
DEPT. OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ARUP SEN
3499 NW 97TH BOULEVARD, SUITE 4, GAINESVILLE, FL 32906

Address: _____

Director: PAUL MARCELLINO
31501 S. HIGHWAY 125, NO. 9, MONKEY ISLAND, OK 74331

Address: _____

B. OFFICERS

President: ARUP SEN
3499 NW 97TH BOULEVARD, SUITE 4, GAINESVILLE, FL 32906

Address: _____

Vice President: _____

Address: _____

Secretary: ARUP SEN
3499 NW 97TH BOULEVARD, SUITE 4, GAINESVILLE, FL 32906

Address: _____

Treasurer: ARUP SEN
3499 NW 97TH BOULEVARD, SUITE 4, GAINESVILLE, FL 32906

Address: _____

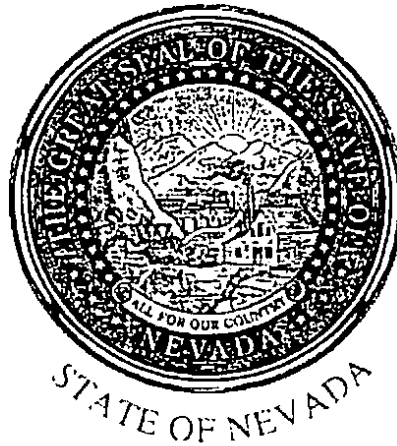
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer (ARUP SEN)

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. PRESIDENT
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes, which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INFUSION BIOSCIENCES HEMP SOLUTIONS INC.**, as a **DOMESTIC CORPORATION (78)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/21/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/11/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200611851928

You may verify this certificate
online at <http://www.nvsos.gov>