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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Sanichx Services, Inc.

Certificate of Status	0
Certified Copy	0
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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.

Sanichx Service (Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	",иС
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)
Delaware3.		85-2304983	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
8/3/2020	5.	1 year	
(Date of incorporation)		(Date of duration, if other than perpetual)	
5.			
· ·	•	3487 pal office address)	
700 Fort Washi	ngton Avenue Apt #5H New York New Yo	rk 10040	
	(Current maili	ng address, if different)	
8. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2020 AM
Name:	Registered Agents Inc.		0 1-0
Office Address:	7901 4th St N STE 300		
3,			
	St. Petersburg	, Florida 33702 (Zip code)	A Mary

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 Agents Inc.

Bill Havre - Assistant Secretary

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: Mark Kabbash Address: 700 Fort Washington Avenue Apt #5H New York New York 10040 Vice Chairman: Address: Director: ___ Director: Address: **B. OFFICERS** President: Mark Kabbash Address: 700 Fort Washington Avenue Apt #5H New York New York 10040 Vice President: Secretary: Treasurer: Joseph Lents Address: 1788 Banyan Creek Circle, N Boynton Beach Florida 33436 NOTE: If pecessary, you may apach an addendum to the application listing additional officers and/or directors. 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. Joseph Lents, Treasurer

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SANICHX SERVICES, 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 TENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANICHX SERVICES, INC." WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2020.

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

Authentication: 203437888

Date: 08-10-20