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COVER LETTER

TO: Registration Section Division of Corporation	ns	_	
SUBJECT:	1e Pyure Name of corporation	Company - must include suffix	inc.
Dear Sir or Madam:		·	
The enclosed "Application by I "Certificate of Existence," or "above referenced foreign corpo	Certificate of Good Stan	iding" and check are subr	
Please return all correspondence	e concerning this matter	to the following:	
Lana	Fuller Name of		
The	Name of Prure	Company	inc.
2055 High	Ridge Nadara	Road	
Boynt	ton Bea	· · · · · · · · · · · · · · · · · · ·	33426
jfhuc E-m	Obvure Cail address: (to be used to	or future annual report n	otification)
For further information concern	ning this matter, please c	all:	
Jean-Francoi Name of Person	5 Hu & 514 Area Cod) 293 - 797 e Daytime Teleph	25 ione Number
STREET/COURIER Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ns see . Suite 810	MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	rection rporations
-	ORIDA DEPARTMENT	OF STATE \$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

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Ine," "Co.," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting to the purpose of trans	ousiness in Florida)
(State or country under the law of which it is incorporated) O9 02 2020 (Date of incorporation) (FEI number, if appliance of duration, if other than the country under the law of which it is incorporated) (Date of duration, if other than the country under the law of which it is incorporated) (Date of duration, if other than the country under the law of which it is incorporated)	<u> </u>
	usiness in
2055 High Ridge Road (Principal office street address)	
(Current mailing address, if different)	2029 5
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Lana Fuller	2.5
Hice Address: 411 Fanshaw J Boca Raton Florida FL	p. 0. 6.
(City) (Zip code) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated consignated in this application, I hereby accept the appointment as registered agent and agree arther agree to comply with the provisions of all statutes relative to the proper and complete pad I am familiar with and accept the obligations of my position as registered agent.	to act in this capacity. $T_{ m c}$
Evell Leele	

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

under the law of which it is incorporated.

A. DIRECTORS			~ ~	n
☐ Chairman	Name Huc Jean-Francois	Chairman	Name Van Dusen Joe	(
□ Vice Chairman	Address: 3492 Rue Simpson	□ Vice Chairman	Address 2055 High Ridge	Kc
□Director	Montreal Quebec	Director	Boynton Beach, FL	
□President	H3G-0C9	□President	33426	
□ Vice President		□Vice President		
□ Segretary	☐ Treasorer	☐ Secretary	☐ Freasurer	
WOther CE	Other	Other	□ Other	
□Vice Chairman	Name Lawrick, Lew Address 2055 High Ridge Rd	□Vice Chairman	Name Charlton, Tom Address: 2055 High Ridge	Rd
	Boynton Black, FL	Director	Boynton Beach,	4
□President	33426	□President	33426	
□Vice President		☐ Vice President	<u> </u>	
☐ Secretary	☐ Freasurer	☐ Secretary	○ Freasurer	
Other	Other	Other	□Other	
□Chairman	Name Georgacacos AK; Address 2055 High Ridge Rd	□Chairman □Vice Chairman	Name	
Director	· Λο • Λο σι	□Director	71.	
□President	33426	□President	S D7	
∏Vice President		□ Vice President		
☐ Secretary	Treasurer	☐ Secretary	☐ Freasurer	
□Other	Other	Other	□Other ○	
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filling your Florida Departmen	nt of State Annual R	eport form.	
12.	Signature of Director or	Officer		
she is aware that fa s 817-155, F.S.	retor signing this document (and who is listed in number also information submitted in a document to the Departm			
13	(Typed or printed name and capacity of person	CEO	11	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE PYURE COMPANY 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE PYURE COMPANY INC." WAS INCORPORATED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

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

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Authentication: 203720755

Date: 09-23-20