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COVER LETTER '

TO: Registration Section Division of Corporations	
Decontaminate Inc SUBJECT:	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	inding" and check are submitted to register the
Please return all correspondence concerning this matte	or to the following:
Name of	Person
Decontaminate, Inc	
Firm/Cor 100 S Ashley Drive Suite 600	прапу
Addı	ress
Tampa Florida 33602	
	and Zip code
keith@decontaminate.ai	F7
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Keth low at 727	781-1996
Name of Person Area Cod	de Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	T OF STATE
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy 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.

Decontaminate l	ne		
(Enter name of co	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION."	
(If name unavaila	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting b	usiness in Florida
Delaware	85	3-2319678	
(State or country August 3, 2020	y under the law of which it is incorporated)	(FEI number, if applic	,
(Date August 3, 2020	(Date of incorporation) (Date of duration, if other than 2020 (Date first transacted business in Florida, if prior to registration)		
100 S Ashley Dri	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)	
	(· · · · · · · · · · · · · · · · · · ·		;~ ;
	(Current mailing a	ddress, if different)	
Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	. 5
Name:	Keith Louis		- -
ffice Address:	100 S Ashley Drive, Suite 600	_	Θ
	Tampa	 33602 . 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)

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							
	Keith Louis Name:	☐ Chairman	Name:				
□Vice Chairman	Address: 100 5 AGHLy Dr	□Vice Chairman	Address:				
□Director	Soite 600	□Director					
□President	Tampa FL 33602	□President					
□Vice President	• 1	□Vice President					
☐ Secretary	□Treasurer	Secretary		□Treasurer			
CEO Cther	Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chaiπnan	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	Other		Other			
				<u> </u>			
□Chairman	Name:	□Chairman	Name:	· · · · · · · · · · · · · · · · · · ·			
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>			
□Director		Director		: 			
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		☐Treasurer			
□Other	□Other	□Other		□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 Florida Department of State Annual Report form.							
12.	Signature of Director of						
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. Keith Louis, CEO (Typed or printed name and capacity of person signing application)							
(Typed or printed name and capacity of person signing appreautin)							

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DECONTAMINATE 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 FOURTEENTH DAY OF NOVEMBER, A.D.

2020.

THYS OF THE PARTY OF THE PARTY

Authentication: 204081860

Date: 11-14-20