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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

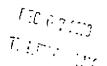




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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Adaptive Green, Inc.		
Name o	f corporation	- must include suffix
Dear Sir or Madam:		
	of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return all correspondence concernir	g this matter	to the following:
Amanda Clark, Esq.		
	Name of	Person
Adaptive Green, Inc.		
	Firm/Com	pany
631 Academy St. #2B		
	Addro	288
New York, NY 10034		
	City/State a	nd Zip code
amandamayclark@gmail.com		
E-mail address:	(to be used f	or future annual report notification)
For further information concerning this ma	itter, please c	all:
Amanda Clark, Esq.	443	834-4681
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	i: ◆	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amort Please make check payable to: FLORIDA DE S70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee &	OF STATE \$78.75 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.

New York			ing busine:	ss in Florid
/C+ +	3.	81-2422614		
(State or counti	y under the law of which it is incorporated)	(FEI number, if a	(pplicable	
April 26, 2016	5	Perpetual		
(Date	of incorporation)	(Date of duration, if other	r than perp	emal)
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabi	ility)	
379 West Broad	way, New York, NY 10012			
379 West Broad	dway, New York, NY 10012	fice <u>street</u> address)		
		·		
	(Current maili	ng address, if different)		
Name and street			;	*.5
Name and stree	(Current maili et address of Florida registered agent: (P. Registered Agents Inc.		i.	· .h
Name:	et address of Florida registered agent: (P.)		i. 	
Name:	et address of Florida registered agent: (P. Registered Agents Inc.		i.	r ,
	Registered Agents Inc. 7901 4th Street N, Suite 300	O. Box <u>NOT</u> acceptable)	i	r ,

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 Sulman Usman Jamison Hinder □Chairman □ Chairman 379 West Broadway 379 West Broadway □ Vice Chairman ☐ Vice Chairman Address: Address: New York, NY 10012 New York, NY 10012 □Director □ Director President □President □Vice President Vice President □ Secretary □Treasurer **■**Secretary □ Treasurer □Other □Other ☐ Other □Chairman Name: Name. □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director Director □President □ President □Vice President ☐ Vice President □ Secretary □Treasurer □ Treasurer □ Secretary □Other_____ Other _____ □Other _____ □Other ______ □ Chairman □ Chairman Name: Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: _____ □ Director Director □President □ President □ Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □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 tojthe index when filing your Florida Department of State Annual Report form. 12. 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.

、 Sulman Usman

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ADAPTIVE GREEN, INC. was filed on 04/26/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Certificate of Amendment was filed on 04/28/2016.

A Biennial Statement was filed 08/19/2019.

A Biennial Statement was filed 04/03/2020.

I further certify that no other documents have been filed by such

corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of November two thousand and twenty.

Brandon C Hughen

Brendan C Hughes
Executive Deputy Secretary of State

AMANDA CLARK, ESQ. 631 ACADEMY STREET #2B NEW YORK NY 10034

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

DEPARTMENT OF STATE
DEPARTMENT OF STATE
ONE COMMERCE PLAZA
99 WASHINGTON AVENUE
ALBANY, NY 12231-0001

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