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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	EVEX Technologies, Inc.			
SOD		of corporation - n	nust include suffix	_
Dear S	ir or Madam:			
"Certi:	closed "Application by Foreign C icate of Existence." or "Certificat referenced foreign corporation to	e of Good Standin	g" and check are submitted	
Please	return all correspondence concerr	ning this matter to	the following:	
Vladin	nir Ljesevic			
		Name of Per	son	
EVEX	Technologies, Inc.			
		Firm/Compar	ıy	
710 N	Lemon Avenue Unit #255			
		Address		
Saraso	ta, FL 34236			-2
·		City/State and	Zip code	:
vlad@	evexapp.com			
	E-mail addres	ss: (to be used for :	future annual report notific	ation)
For fu	ther information concerning this r	natter, please call:		ation)
Vladin	ir Ljesevic	at (412	789 0933	
	Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	tions
Please	ed is a check for the following am make check payable to: FLORIDA D .00 Filing Fee	DEPARTMENT OF the first of the		\$87.50 Filing Fee, Certificate of Status of 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.

	ogies, Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," "(orp.," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	usiness in Florida
State of Delawa	re		
(State or countr	(State or country under the law of which it is incorporated) 3. (FEI number, if approximately appro		able)
08/31/2020	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
710 N Lemon Av	(SEE SECTIONS 607.1501 & 607.1502, enue, Sarasota, FL 34236	r.s., to determine penany habitity)	
	(Principal office s	treet address)	
Name and stree	(Principal office s	ddress, if different)	2010.
Name and stree	(Principal office s	ddress, if different)	2001 2001 1
Name:	(Principal office some continuous of the some continuous of the co	ddress, if different)	
	(Principal office some continuous continuous de la contin	ddress, if different)	2021 2001 11 1000002

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	•						
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 710 N Lemon Avenue Unit #255	□Vice Chairman	Address:				
□Director	Sarasota, FL 34236	□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary		□Treasurer			
Other	Other	Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address;	□Vice Chairman	Address:				
□Director		Director					
□President		□President		.			
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□ Other	Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	•			
Director		□Director		7 2			
□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	Vapor Jun						
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 \$817.155. F.S.							

Vladimir Ljesevic - CEO & Chairman

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "EVEX TECHNOLOGIES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRTY-FIRST DAY OF AUGUST, A.D. 2020, AT 11:46 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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



Authentication: 202225056

Date: 01-06-21

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