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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: ANIX, Inc.			
50,70	Name of	corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to trans	f Good Stand	ling" and check are submitt	
Please	return all correspondence concerning	g this matter	to the following:	
Gueorg	gui Zikratov			
		Name of I	Person	
ANIX.	Inc.			
		Firm/Com	pany	
2080 S	Ocean Dr. Apt 1508			
		Addre	SS	
Hallano	dale Beach, FL 33009			
		City/State an	id Zip code	
gzikrate	ov@verizon.net			
-	E-mail address: (to be used fo	or future annual report notif	cation)
For fur	ther information concerning this mat	ter, please ca	all:	
George	Zikratov	erson Area Code Daytime Telephone Number		
	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		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please t	ed is a check for the following amounake check payable to: FLORIDA DEP .00 Filing Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & 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.

ANIX, Inc.					
(Enter name of c	orporation; must include "INCORPORA" orp," "Inc." "Co," or "Corp.")	TED." "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate n	ame adopted for the purpose of transacting b	ousiness in Florida)		
Virginia, USA		3.			
(State or countr 05/24/2001	y under the law of which it is incorporate	d) (FEI number, if appli	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other tha	(Date of duration, if other than perpetual)		
2080 S Ocean Dr		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)			
		d office street address)			
	(Frincipa	Torree street address;			
	(Current n	nailing address, if different)			
Name and stree	et address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)			
Name:	Gueorgui Zikratov		· · · · · · · · · · · · · · · · · · ·		
fice Address:	2080 S Ocean Dr. Apt 1508		22		
	Hallandale Beach	, Florida 33009	-		
	(City)	(Zip code)	do .		
Registered age	ent's acceptance:				
iving been nam signated in this rther agree to c	ed as registered agent and to accept application, I hereby accept the appo	service of process for the above stated cointment as registered agent and agree tes relative to the proper and complete py position as registered agent.	to act in this capacity		
_		19/10	~- -		
	(Registered agen	d'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 Gueorgui Zikratov **ElChairman ElChairman** Name: 2080 S Ocean Dr. Apt 1508 □Vice Chairman Address: □Vice Chairman Address: ____ Hallandale Beach, FL 33009 Director Director President □ President [IVice President] []Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer ☐ Other _____ □Other _____ □ Other _____ □Other _____ Name: □ Chairman □ Chairman Name: □Vice Chainnan Address: □Vice Chairman Address: □ Director Director [] President []President □Vice President _____ □Vice President ☐Treasurer □ Secretary □ Secretary □Treasurer ☐ Other _____ □Other _____ □Other _____ □Other __ _ _ _ _ _ Name: ____ ☐ Chairman Name: □ Chairman □ Vice Chairman Address: ____ _ _ _ _ _ _ _ _ _ _ □Vice Chairman Address: □ 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. 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.

Gueorgui Zikratov

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That ANIX, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on May 24, 2001;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Scaled at Richmond on this Date:

February 1, 2021

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2021020115443705