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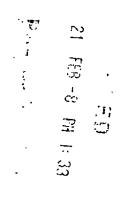
(Requestor's Name)				
(Address)				
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(City	y/State/Zip/Phon	e #)		
PICK-UP	₩AIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to I	Filing Officer:			

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COVER LETTER

то:	Registration Section Division of Corporation	ns			
SHRI	ECT: DAF Energy Cher	nical Inc			
00100		Name of corporatio	n - must include suffix		
Dear S	ir or Madam:				
"Certil		Certificate of Good Sta	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.		
Please	return all correspondence	concerning this matte	er to the following:		
Nayari	t Briceno				
		Name of	Person		
BW&T	Business Advisers Inc				
		Firm/Co	npany		
2750 S	W 145th Ave Suite 307				
	<u> </u>	Add	ress		
Miram	ar, Fl. 33027				
		City/State	and Zip code		
admin(@accountingbwtba.com				
	E-ma	il address: (to be used	for future annual report notification)		
For fur	ther information concern	ing this matter, please	call:		
Nayari	t Briceno	at (443-1597		
	Name of Person	Area Coo	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 Tallahassee, FL 32314		
Please i		DRIDA DEPARTMEN	F OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transa-	cting busine	ss in Flor	ida)
Delaware	3.	83-2540004			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
10/31/2018	of incorporation) 5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)		
8333 NW 53rd St	reet Suite 450 Doral, Fl. 33166				
· ,		ce <u>street</u> address)			
2750 SW 145th /	Ave Suite 307 Miramar, Fl. 33027				
	(Current mailing	g address, if different)		21	
Managara Lagra		D. NOT.	•	S	
Name and <u>stree</u>	et address of Florida registered agent: (P.O	. Box NOT acceptable)		1	
Name:	BW&T Business Advisers Inc			(C	·
ffice Address:	2750 SW 145th Ave Suite 307			131	فئ_ب
	Miramar	, Florida	:'	+ 33	
	(City)	(Zip code)		<i>(</i> ,5	
iving been nam signated in this	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and a lative to the proper and comp	gree to act	in this d	apa

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	8333 NW 53rd Street Ste 450 Address:	□Vice Chairman	Address:	
Director	Doral, Fl. 33166	□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Secretary		Treasurer
Other		□Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director		□Director		
President		□President		· · · · · · · · · · · · · · · · · · ·
□Vice President		□Vice President		
☐ Sccretary	☐ Treasurer	Secretary		Treasurer
□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
individuals may be 12. X The officer or direct	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or Signing this document (and who is listed in number lise information submitted in a document to the Department.)	of State Annual Re Officer	eport form.	herein are true and that he or
13. Dirimo Gonz	alez N Director			



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

DELAWARE, DO HEREBY CERTIFY THAT "DAF ENERGY CHEMICAL, 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 OCTOBER, A.D. 2018, AT 5:32 O'CLOCK P.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 REPORTS HAVE BEEN FILED TO DATE.

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



Authentication: 202384055

Date: 01-27-21

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