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#### **COVER LETTER**

	ation Section n of Corporations			
	•			
SUBJECT: _		corporation -	must include suffix	
Danie Circa Ma				
Dear Sir or Mad	Jam:			
"Certificate of I	Application by Foreign Corp Existence," or "Certificate of ed foreign corporation to tran	Good Stand	uthorization to Transact Business in Floriding" and check are submitted to register the in Florida.	la." e
Please return al	l correspondence concerning	this matter t	o the following:	
Alan Mintzer				
+=		Name of P	erson	
Hydrogenii, Inc.				
<del></del> -		Firm/Comp	any	
433 Plaza Real,	Suite 275			r> )
		Addres	s	- :
Boca Raton, FL	33432			-
		City/State and	d Zip code	1
alan.mintzer@hy	/drogenii.com			- 7
	E-mail address: (	to be used fo	r future annual report notification)	<del></del>
For further info	rmation concerning this mat	ter, please ca	11:	;;
Alan Mintzer	at	732	668-1010	
Name	of Person	Area Code	Daytime Telephone Number	
Registr Divisio The Ce 2415 N	etr/Courier address: ation Section in of Corporations intre of Tallahassee . Monroe Street, Suite 810 issee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	
	neck for the following amounts by payable to: FLORIDA DEP g Fee S78.75 Filing Certificate of	ARTMENT (Fee & -	DF STATE \$78.75 Filing Fee & \$87.50 Filing Certified Copy Certificate of Certified Cop	Status &

### 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.

1. Hydrogenii, I	nc.		
(Enter name o	f corporation; must include "INCORPORATED, "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	<del>-</del>
(If name unav	ailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)
Delaware, United States		86-2245464	
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
4. January 29, 2	021 5.		
(Di	ate of incorporation)	(Date of duration, if other than perpetual)	
6. March 1, 202	1		
7.433 Plaza Real	, Suite 275, Boca Raton, FL 33432	502, F.S., to determine penalty liability) ice street address)	
	(Current maili	ng address, if different)	
8. Name and st	reet address of Florida registered agent: (P.G. Registered Agents, Inc.	D. Box <u>NOT</u> acceptable)	2
Office Address:	7901 4th St N, STE 300		<b>, '</b>
	St. Petersburg, Research	, Florida 33702	¢
	(City)	(Zip code)	-
0 D 1			

#### 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 Name: Alan Mintzer ☐ Chairman □ Chairman Name: \_\_\_\_\_\_ 5226 NW 21st Loop Address: □ Vice Chairman □ Vice Chairman Address: Ocala, FL 34482 ■ Director Director President President ☐ Vice President ☐Vice President ☐ Secretary ☐Treasurer ☐ Secretary □ Treasurer □ Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □Director ☐Director ☐ President ☐ President □Vice President ☐ Vice President ☐ Sccretary Treasurer □ Secretary Treasurer □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other Name: □Chairman ☐ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: Director □ Director ☐ President □ President ☐ Vice President \_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □ Treasurer Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Important Nonce: 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. ALAN MINTZER

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HYDROGENII, 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 THIRD DAY OF MARCH, A.D. 2021.

Authentication: 202646787

Date: 03-03-21