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Division of Corporations

Fax Number : (950)617-6383

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION SYMBIOSE TECHNOLOGIES, INC.

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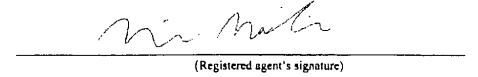
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Help

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. SYMBIOSE TECHNOLOGIES, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 30-1076546 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of incorporation) 4/8/2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 641 NE 57th St. Miami, FL, 33137 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Voorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davie 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.



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.

To: 189061763831 Page: 3 of 4 2021-06-10 13:47:41 UTC 18886118813 From: Vcorp Services, LL

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:
Address:
Vice Chairman:
Address:
Director.
Address:
Director:
Address:
B. OFFICERS
Ryan McKinney President: 641 NE 57th St, Miami, FL, 33137
Address:
Vice President:
Address:
Ryan McKinney
Secretary: 641 NE 57th St, Miami, FL, 33137
Address: Ryan McKinney
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Agram My 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.
Ryвл McKinney, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SYMBIOSE TECHNOLOGIES, 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 NINTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMBIOSE TECHNOLOGIES, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2018.

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

e at corn delaware gov/auti

Authentication: 203410719

Date: 06-09-21