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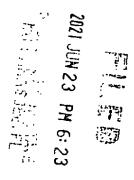
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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25/28/21 New 25/21

COVER LETTER

Same Same

TO: Registration Section Division of Corporations					
SUBJECT: Innovecs Inc.					
Na	ame of corporation	on - must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreig "Certificate of Existence," or "Certifiabove referenced foreign corporation	icate of Good Sta	inding" and check are su	act Business in bmitted to regis	Florida," ster the	
Please return all correspondence cond	erning this matte	er to the following:			
Alexandr Lutskiy					
	Name o	f Person			
Innovees Inc.					
	Firm/Co	npany	·	 _	_
3325 High Street					2021
	Add	ress		17.1	<u></u>
Fair Lawn, New Jersey, 07410				75	2
	City/State	and Zip code			
Accounting@innovecs.com				*	PH
E-mail add	ress: (10 be used	for future annual report	notification)	** : :	<u>ئ</u>
For further information concerning th	is matter, please	call:		/	23
Alexandr Lutskiy	at (201	<u>) 6694470</u>			
Name of Person	Area Coo		hone Number		
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F. Certifica	DEPARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	S87,50 F Certifica Certified	te of Stati	

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		3 business in Florida)
2. Delaware	3. ry under the law of which it is incorporated)	45-3670881 (FEI number, if app	-Ukl-s
		•	·
4. 14 September 2 (Date	of incorporation) 5.	(Date of duration, if other the	han nemetual)
	, , , , , , , , , , , , , , , , , , , ,	(Suite of dutation, it office to	un perperuur
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability	у)
7. 3325 High Street	Fair Lawn, New Jersey, 07410	ce street address)	
	·	ce <u>street</u> address)	29
3325 High Stree	t, Fair Lawn, New Jersey, 07410	g address, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C. Alexandr Lutskiy	P. Box NOT acceptable)	A JUH 23 PM
Office Address:	3363 NE 163 STREET STE 611		4 6: 2: T-3
	NORTH MIAMI BEACH	, Florida 33160	ω ہتا '
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appoints omply with the provisions of all statutes re- with and accept the obligations of my pos	ont as registered agent and agree tative to the proper and complete	to act in this capacity. I

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: Alexandr Lutskiy	□ Chairman	Name:		
□Vice Chairman	Address: 3325 High Street,	□Vice Chairman	Address:		
Director	Fair Lawn, New Jersey, 07410	Director			
□President		□President			
□Vice President		□ Vice President			
□ Secretary	☐ Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman		<u> </u>	
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐Secretary	□'Treasurer	□ Secretary		. Communication of the communi	
Other	Other	□Other		DOther 2	
□Chairman	Name:	□Chairman	Name:	i^{i} ω	1
□Vice Chairman	Address:	□Vice Chairman	Address:	္ က	<i>3</i>
Director		Director		7 3 -	
President		President	. <u></u>		
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□ Secretary		□Treasurer	
⊡Other	Other	□Other		□Other	
marriadais may be i	ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department to the index when filing your Florida Department.	nent of State Annual Rep	for reporting poort form.	urposes only. Non-indexed	
	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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INNOVECS 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

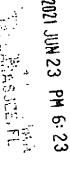
OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2021.

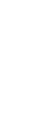
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOVECS INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2011.

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







Jeffrey W. Bastock, Secretary of State

Authentication: 203460516