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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	1



06/24/21--01021-021 **78.75





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GREENER PROCESS SYSTEMS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

	Name	of Person	
	Firm/C	Company	
17350 STATE HWY 249 #2	20		
	A	ddress	
HOUSTON, TX 77064			
	City/Sta	te and Zip code	
EFILE1234@INCFILE.CON	1		
	E-mail address: (to be us	ed for future annual report	notification)
For further information co			
Name of Person	at (Area () <u>888-462-3453</u> Code Daytime Telep	ohone Number
STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Enclosed is a check for the Please make check payable to \$70.00 Filing Fee): FLORIDA DEPARTMI	ENT OF STATE S78.75 Filing Fee & Certified Copy	 \$87.50 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.

GREENER PROCESS SYSTEMS INC.

1.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")

(If name unavaila	able in Florida, enter alternate corporate nam	ne adopted for the purpose of tran	sacting business in Florida)		
2. DELAWARE		87-0987464			
	y under the law of which it is incorporated)	(FEI number, if applicable) 5. PERPETUAL			
4. 5/27/2021					
(Date	of incorporation)	(Date of duration, if	(Date of duration, if other than perpetual)		
6					
	(Date first transacted busines: (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration .1502, F.S., to determine penalty			
7. 651 N BROAD S	T. STE 205 #5610, MIDDLETOWN, DEL	AWARE 19709			
· ·	(Principal c	office street address)			
			21		
	(Current mai	ling address, if different)			
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (F MATTHEW SWEETWOOD	P.O. Box <u>NQT</u> acceptable)	LED 24 PH		
Office Address:	1300 BRICKELL BAY DRIVE, APT 33	02	3:43 00004		
	Miami	, Florida ³³¹³¹			
	(City)	(Zip code)	-		

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.

weetwoo

(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

□Chairman	Matthew Sweetwood Name:	□Chairman	Enrico Festa Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	651 N BROAD ST, STE 205 #5610	Director	651 N BROAD ST, STE 205 #5610
⊠ President	MIDDLETOWN, DE 19709	President	MIDDLETOWN, DE 19709
□Vice President		□Vice President	<u> </u>
□Secretary	Treasurer	Secretary	□Treasurer
□Other	[] Other	□Other	Other
□Chairman	Maurizio Festa	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	651 N BROAD ST, STE 205 #5610	Director	
President	MIDDLETOWN, DE 19709	□President	
□Vice President		□Vice President	
	S Treasurer	Secretary	□Treasurer
🗆 Other	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

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.

12	Matthew	Sweelwood	
	 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.

13. Matthew Sweetwood - PRESIDENT

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREENER PROCESS SYSTEMS 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENER PROCESS SYSTEMS INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2021.

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



Jeffrey VI. Bulloch, Secretary of State

Authentication: 203471849

Date: 06-17-21

Page 1

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SR# 20212479043 You may verify this certificate online at corp.delaware.gov/authver.shtml