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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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#

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

### incserv

#### ORDER FORM

**To** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

850.656.7953

REQUEST DATE 8/18/202	1

PRIORITY Regular Approval

OUR REF # (Order ID#) 942463

#### ORDER ENTITY\_\_\_

FELIX TECHNOLOGIES INC.

PLEASE	PERFORM THE FOLLOWING SERVICES:				•
FELIX	TECHNOLOGIES INC. (FL)	<u> </u>	 	 •	-

File the attached foreign qualification document and provide a certified copy.

\$78.75 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, August 18, 2021 Page 1 of I

#### 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.

	NOLOGIES INC.			
(Enter name of	corporation; must include "INCORPORA" Corp." "Inc." "Co," or "Corp.")	TED," "C	COMPANY," "CORPORATION,"	_
(If name unavai	lable in Florida, enter alternate corporate r	ame ado	nted for the purpose of transacting business in F	lorida)
Delaware		3		
(State or count 7/27/2020	·		(FEI number, if applicable)	
	e of incorporation)	_	(Date of duration, if other than perpetual)	
·			rida, if prior to registration)	
226   Market St	reet #4469, San Francisco, CA 94114			
	(Principe	d office <u>s</u>	t <u>reet</u> address)	
				7h21 KU
. Name and stre		nailing ac	dress, if different)	;;; ;;
. Name and <u>stre</u> Name:	(Current n	nailing ac	dress, if different)  OX NOT acceptable)	<u></u>
	(Current n	nailing ac	dress, if different)  OX NOT acceptable)	<u></u>
Name:	(Current neet address of Florida registered agent:  Registered Agents Inc.  7901 4th St N STE 300	(P.O. B	dress, if different)  OX NOT acceptable)	18

#### 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.

Bee (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 Manuel Godoy Bernardo Garcia ☐ Chairman □ Chairman 1500 NW North River Dr. 1511 1888 Berkeley Way, Apt 212 □ Vice Chairman Address: □ Vice Chairman Address: Miami, FL 33125 Berkeley, CA 94703 Director Director President □ President □Vice President □Vice President ■ Secretary ■ Treasurer ☐ Secretary □Treasurer ©EO □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other $\Box$ Chairman □Chairman Name: Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: □ Director □Director ☐ President □President ☐ Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman ☐ Chairman Name: Name; □Vice Chairman Address: \_\_\_\_\_ ☐Vice Chairman Address: □ Director □ Director □President □President □Vice President \_ □Vice President □Treasurer □ Secretary □ Secretary □Treasurer ☐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. 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.

, Manuel Godoy, CEO

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FELIX 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 SEVENTEENTH DAY OF AUGUST, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FELIX

TECHNOLOGIES INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF

JULY, A.D. 2020.

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

Authentication: 203942293

Date: 08-17-21

3320719 8300 SR# 20213006142