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**NAME**: CLEVER LEAVES INTERNATIONAL INC.

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AUTHORIZATION: ABBIE/PAUL HODGE at Hodge

## **COVER LETTER**

SUBJI	ECT:	Clever Lea	eaves International Inc.
		Name of corporation	ion - must include suffix
Dear Si	ir or Madam:		
"Certifi	closed "Application by Foricate of Existence," or "Cereferenced foreign corporate	rtificate of Good Sta	or Authorization to Transact Business in Florida," tanding" and check are submitted to register the ness in Florida.
Please r	return all correspondence e	oncerning this matte	ter to the following:
		Kimberly	ły Burns
		Name o	of Person
		Dentons Ca	anada LLP
		Firm/Co	ompany
	_	20th Floor, 250	0 Howe Street
		Add	dress
		Vancouver, BC V	√6C 3R8 Canada
		City/State	and Zip code
		kimberly.burns@	_
	E-mail	address: (to be used	d for future annual report notification)
For furtl	her information concerning	this matter, please	e call:
	Kimberly Burns	at (	603-0073
	Name of Person	Area Coo	ode Daytime Telephone Number
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please ma		ida departmen	TT OF STATE  \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

### 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.	Clever Leaves International Inc.					
		orporation; must include "INCORPO orp," "Inc," "Co," or "Corp,")	ORATED," "C	'OMPANY," "CORPORATIO	"NO	
(It	name unavail	able in Florida, enter alternate corpo	orate name ador	oted for the purpose of transact	ing business in Florida)	
2.		British Columbia, Canada	3			
2. (State or country under the law of which it is incorpo		orated)	(FEI number, if a	plicable)		
4.		July 20, 2017	5.			
	(Date of incorporation)			(Date of duration, if othe	r than perpetual)	
6.						
				rida, if prior to registration) F.S., to determine penalty liabi	fity)	
7.		20th Floor, 250 Howe S	Street, Vancouv	er BC V6C 3R8 Canada		
		(Pri	incipal office <u>st</u>	reet address)		
		(Cur	rent mailing ad	dress, if different)	. 202	
8. Na	me and <u>stree</u> Name:	et address of Florida registered ag	gent: (P.O. Bo	ox <u>NOT</u> acceptable)	021 ATT 24 1	
Office	Address:	1201 Hays Street		-	2410:42	
		Tallahassee		, Florida 32301	1,2	
		(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.

Corporation Service Company
by Jerome L. Suarez. Asst. Secretary

(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	Name:	□Chairman	Name:		
□Vice Chairman	489 Fifth Avenue, 27th Floor Address: New York, NY 10017	□Vice Chairman	489 Fifth Avenue, 27th Floor Address: New York, NY 10017		
Director		Director			
□President		□President	<del> </del>		
□Vice President		■ Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other CEO	Other	□Other	□Other		
□ Chairman	Name:	□Chairman _	Name: Gustavo Escobar  489 Fifth Avenue, 27th Floor		
□Vice Chairman	Address: New York, NY 10017	□Vice Chairman	Address: New York, NY 10017		
□Director		□Director			
□President		□President			
■ Vice President		■ Vice President			
□Secretary	□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		
individuals may be	Jse an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Separtn  Signature of Director	nent of State Annual Re	I for reporting purposes only. Non-indexed port form.		
The officer or direc	tor signing this document (and who is listed in numb lse information submitted in a document to the Depa	per 11 above) affirms tha	at the facts stated herein are true and that he or tes a third degree felony as provided for in		
13 Kyle Detwiler, Chief Executive Officer					

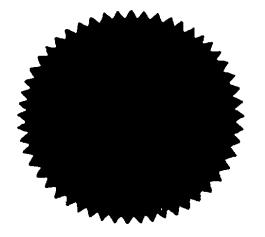


Number: BC1127460

# CERTIFICATE OF GOOD STANDING

**BUSINESS CORPORATIONS ACT** 

I Hereby Certify that, according to the corporate register maintained by me, CLEVER LEAVES INTERNATIONAL INC. was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.



Issued under my hand at Victoria, British Columbia
On August 19, 2021



CAROL PREST
Registrar of Companies
Province of British Columbia

Canada