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TO: Registration Section Division of Corporations			
SUBJECT: ADVANCED BIOCIDE T	ECHNOLOGIES I	NC	
	e of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Stand	ing" and check are subr	
Please return all correspondence conce	rning this matter t	o the following:	
ALEXANDER E. BENISTI			
	Name of P	erson	
ADVANCED BIOCIDE TECHNOLOGIE	S INC		
	Firm/Comp	any	
523 SAWGRASS CORPORATE PKWY			
	Addres	is	
SUNRISE, FL 33325			
	City/State and	d Zip code	
ABENISTI@ADVANCEDBIOCIDE.COM			
E-mail addr	ess: (to be used fo	r future annual report no	otification)
For further information concerning this	matter, please ca	II:	
SARA VILLA	754 at (7072609	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite & Tallahassee, FL 32303		MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fi Certificat	DEPARTMENT (OF STATE \$78.75 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.

	IOCIDE TECHNOLOGIES INC.		
	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
1116., 60., 6	orp, me, co. or corp. ,		
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting by	siness in Florida)
DELAWARE	·	47-1954619	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
9/8/2014	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in	Florida, if prior to registration)	
500 () A 11 (A 10 A 10 A 10 A 10 A 10 A 10 A 1	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liability)	
523 SAWGRASS	CORPORATE PKWY SUNRISE, FL 33325		
	(Principal offic	te <u>street</u> address)	
	(Command marilian		
	gninan arama)	g address, if different)	<i>1</i> ~2
Name and stree	et address of Florida registered agent: (P.O	Roy NOT accordable)	2321 S.J.
. Name and street	ALEXANDER E. BENISTI	. Box ivor acceptable;	(<u>)</u>
Name:	ACLAMBIA L. DENISTI		7.17
ffice Address:	523 SAWGRASS CORPORATE PKWY	<u></u>	70
	SUNRISE	 , Florida ³³³²⁵	: :
	(City)	(Zip code)	ယ်

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.

(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:ALEXANDER E. BENISTI	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	523 SAWGRASS CORPORATE PKWY	□Director		
■ President	SUNRISE, FL 33325	□President		
□Vice President		□ Vice President		
□ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
	Address:	□Vice Chairman		
□Director		Director		
□President		□ President		
□Vice President		□Vice President	-	
☐ Secretary	Treasurer	☐ Secretary		☐ Treasurer
□Other	Other	□Other	<u></u>	□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
	Use an attachment to report more than six (6). The added to the index when fifting your Florida Depa			urposes only. Non-indexed
12	Signature of Direc			
	ctor signing this document (and who is listed in nu alse information submitted in a document to the De			
13	Alexander C. Be	enist		



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

DELAWARE, DO HEREBY CERTIFY "ADVANCED BIOCIDE 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 SIXTEENTH DAY OF SEPTEMBER,

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 "ADVANCED BIOCIDE TECHNOLOGIES INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER,

A.D. 2014.

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

Authentication: 204171919

Date: 09-16-21