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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000356 Phone : (954)842-2931 Fax Number : (954)842-2936

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION AGRICHEM INNOVATION INC

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## COVER LETTER

TO: Registration Section Division of Corporation	ns	
SUBJECT: AGRICHEM IN	NOVATION INC	
	Name of corporation	ı - must include suffix
Dear Sir or Madam:		
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corpo	Centificate of Good Star	Authorization to Transact Business in Florida," ading" and check are submitted to register the ess in Florida.
Please return all correspondence	e concerning this matter	r to the following:
EUGENI VOROBIEV		J
	Name of	Person
AGRICHEM INNOVATION INC		
	Firm/Con	pany
900 N FEDERAL HWY, STE 300		
·	∧ddre	255
HALLANDALE BEACH, FL 330	09	
eugene.vorobiev@jettniner.com	City/State a	nd Zip code
= :	nil address: (to be used f	or future annual report notification)
For further information concern		·
EUGENI VOROBIEV	954 31 (	235-8105
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ADDRESS: s ee	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	DRIDA DEPARTMENT	OF STATE.  \$78.75 Filing Fee & S87.50 Filing Fee.  Certified Copy Certified Copy  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.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp.," "Inc.," "Co.," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavei	lable in Florida, enter alternate corporate name	sidented for the number of transmitted	Sala Sala Marana
DELAUADE			
0/3 /3 0 /0 0 0	ry under the law of which it is incorporated)		
	5. e of incorporation)		perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02. F.S., to determine penalty liability)	
1013 CENTRE	RD STE 403-A, WILMINGTON, DE 19805		
	(Principal office HWY, STE 306, HALLANDALE BEACH, I	cc <u>street</u> address) FL 33009	
Name and swa		g address, if different)	
Name:	et <u>address</u> of Florida registered agent: (P.O VOROBIEV, EUGUENI	. Box <u>NOT</u> acceptable)	28
Tice Address:	900 N FEDERAL HWY,		**************************************
	HALLANDALE BEACTI (City)	. Florida 33009	7: n
	(City)	(Zip code)	<del></del>
aving been nam signated in this rther agree to c	ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointm  omply with the provisions of all statutes re  with and accept the obligations of my pos	ent as registered agent and agree to a lative to the proper and complete per	ict in this canonin
	Cuqueni Vorobiev		

under the law of which it is incorporated.

<sup>(1).</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
□Chairman	Name: VOROBIEV, EUGUENI	□ Chairman	Name:			
⊡Vice Chairman	Address: 900 N FEDERAL HWY.	UVice Chairman	Address:			
□ Director	HALLANDALE BEACH, FL 33009	Director	ĺ			
□President		□ President				
□Vice President		□Vice President				
□Secretary	☐ Treasurer	□ Secretary	Fire			
Other MOR		Other	— □ □ Other			
□Chairman:	Name,	□ Chnicman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address.			
□ Director	<del></del>	L'Director				
□President		□President				
□ Vice President		□Vice President				
□ Secretary	□Treasurer	Scoretary	[] Trensurer			
□ Other		Other				
□Chairman	Name:	□Chairman	Name:			
□Vice Chairmun	Address,		Address:			
□Director _		Director				
□President _		□ President				
□Vice President _		□Vice President				
☐ Secretary	☐ Treasurer	□ Scoretary	U Treasurer			
OOther		□Other	L1Other			
Important Notice: U Individuals may be a	se an attachment to report more than six (6). The atta	chment will be imaged ent of State Appual Ren	for reporting purposes only. Non-indexed out form.			
12						
Signature of Director of Officer  The officer or director signing this document (and who is listed in number 1) 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 conditions a third degree felony as provided for in 18.817.155, F.S.						

13. VOROBIEV, EUGUENI (Typed or printed name and capacity of person signing application)

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AGRICHEM INNOVATION 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 TWENTY-SEVENTH DAY OF SEPTEMBER,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGRICHEM INNOVATION INC" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

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

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Authentication: 204261260

Date: 09-27-21