

F21000007240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

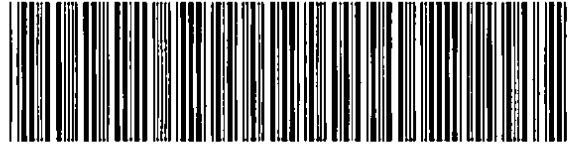
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DALE COUNTY, FLORIDA

S. HAWKES

DEC 16 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2021

FLORIDA FILING

SUBJECT: AGRIFY CORPORATION  
Ref. Number: W21000159822

We have received your document for AGRIFY CORPORATION . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your coversheet cost is for 125.00 This is a Corporation.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 521A00030515

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 12/17/21**

**NAME: AGRIFY CORPORATION**

**TYPE OF FILING: APPLICATION**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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**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. Agrify Corporation

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NV

(State or country under the law of which it is incorporated)

06/06/2016

4.

(Date of incorporation)

3.

(FEI number, if applicable)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agent Solutions, Inc.

Office Address:

155 Office Plaza Dr., Suite A

Tallahassee

(City)

, Florida

32301

(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.*

(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.

2021.06.16 AM 8:51  
DEPT. OF STATE  
TALLAHASSEE, FL

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \*\* see attached list

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS \*\*see attached list**

President: Raymond Chang

Address: 76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862

Vice President: n/a

Address: \_\_\_\_\_

Secretary: Raymond Chang

Address: 76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862

Treasurer: Timothy Oakes

Address: 76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

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. Raymond Chang, President

(Typed or printed name and capacity of person signing application)

**Agrify Corporation**  
**Officers & Directors List**

Name	Title	Address
Raymond Chang	President	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Timothy Oakes	Treasurer	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Raymond Chang	Secretary	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Guichao Hua	Director	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Krishnan Varier	Director	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Thomas Massie	Director	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Timothy Mahoney	Director	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862
Stuart Wilcox	Director	76 Treble Cove Rd., Bldg. 3, North Billerica, MA 01862

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AGRIFY CORPORATION**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/06/2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/18/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202111182161713

You may verify this certificate  
online at <http://www.nvsos.gov>