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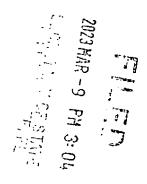
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations					
SUBJECT: ArborX, Inc.					
	f corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Stan	ding" and check are submi			•
Please return all correspondence concerning	g this matter	to the following:	20 Miles	207	
Chris Borgeson				23 H/	
Name of Person ArborX, Inc.			R -9	Common of the Co	
Firm/Company Firm/Company 1793 Winding Oaks Way			OF STAI	PM 3: 0	C
	Addre	ess	ांचे	7	
Naples, FL 34109					
	City/State ar	nd Zip code	·		
chris@arborx.io					
E-mail address:	(to be used f	or future annual report not	ification)		
For further information concerning this ma	atter, please c	all:			
Chris Borgeson	703	3 965-9874			
Name of Person	Area Code		ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Сог P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee &		S87.50 Fi Certifical Certified	te of St	

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 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) Delaware

3. 36-5038253

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

(FEI number, if applicable) (Date of incorporation)

(Date of duration, if other than perpetual)

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 602 1501 p. 602 1502 F.C. and the perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1793 WINDING OAKS WAY, NAPLES FL (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Chris Borgeson 1793 WINDING OAKS WAY Office Address: MAPLES Florida 34/09
(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.

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.

Uhrs Bogson

* DIRECTORS						
AChairman Name: Chris Borgeson	☐Chairman	Name: Mike Wohl				
Wice Chairman Address: 1793 WINDING GAKS	⊔ vice Chairman	Augress: 1793 WINDING CAKS				
Director WAY, NAPLES FL, 34169	Director	WAY, NAPIES FL 34109				
⊔rresident	≟President					
□Vice President	□Vice President					
☐ Secretary ☐ 1 reasurer	□Secretary	i reasurer				
□Other □Other □	□Other	□Other				
□Chairman Name: Sec \ Weepher □Vice Chairman Address: 1793 WINDING OFKS Sintector WAY, NAPLES FL 34109 □President □Vice President □Secretary □Treasurer □Other □Other □	☐Chairman ☐Vice Chairman ☐Director ☐President ☐IVice President ☐Secretary ☐Other	WAY PNAMES FL 34/01 R - 9 F September 19 F				
□Chairman Name: JB Peabedy □Vice Chairman Address: 1993 WENDING ©AKS WAY, NAPLES FL □President 34109	□Chairman □Vice Chairman □Director □President	Name:				
LiVice President	☐Vice President					
□ Secretary □ Treasurer	☐ 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. 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. Chair Board An						
(Typed or printed name and capacity of person	n signing application)				

Page 1

Delaware The First State

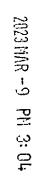
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARBORX, 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-SECOND DAY OF FEBRUARY, A.D. 2023.





Authentication: 202759821

Date: 02-22-23

7033649 8300 SR# 20230436967