Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001962013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOMSI LAW, P.A. Account Number : I20190000004 Phone : (407)377-5507 Fax Number : (407)377-5967

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

Email Address: William @ Homs, Law, Com

FOREIGN PROFIT/NONPROFIT CORPORATION BLOCDX INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

GD

H23000196201 3

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.

(If name unavai)	lable in Florida, enter alternate corporate name adopt	ed for the purpose of transacting	ng business in Florida)	
NEW YORK		13-1108102		
	ry under the law of which it is incorporated)			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	ida, if prior to registration) .S., to determine penalty liabil	ity)	
6969 Edgeworth	Drive, Orlando, Florida 32819			
	(Principal office str	rect address)		
*****	(Current mailing add	10 P(C)		
	iv dicen matting add	icess. If differently		
. Name and stree	et address of Florida registered agent: (P.O. Bo:	x NOT acceptable)		
Name:	HOMSELAW, P.A.			
Office Address:	8815 CONROY-WINDERMERE ROAD, #402		202 2	
tries i idilitain	ORLANDO	, Florida 32835 (Zip code)	HAY F	
	(Citv)	(Zip code)	30 F	
	(v ity)		ترن ب ^{ين} آليا	
. Registered ag	ent's acceptance:			
aving been nam	ent's acceptance: aed as registered agent and to accept service of	process for the above stated	Corporation at the place	
laving been namesignated in this arther agree to c	ent's acceptance: led as registered agent and to accept service of application, I hereby accept the appointment of amply with the provisions of all statutes relative	is registered agent and agra-	corporation of the place to action this conpaction.	
laving been namesignated in this arther agree to c	ent's acceptance: aed as registered agent and to accept service of	is registered agent and agra-	corporation of the place to action this conpaction.	

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.

11230001962013

23.	D)	ıκ	\mathbf{EC}	i ()	ĸs

□Chairman	JENNY H. JUNG Name:	□ Chainnan	Name:		
□Vice Chairman	Address: 6969 Edgeworth Drive	©Vice Chairman		THE CONTRACTOR OF STREET CONTRACTOR OF STREET	
■ Director	Orlando, Florida 32819	Director			
President		@President			
○Vice President		UVice President			
Secretary	□ Treasurer	⊖ Sceretary		□ Treasurer	
□Other	GOther	Other		DOther	
E Chairman	Name:	□Chairman	Name:	1414 44	
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□ Director		CD Director			
E President		El President			
□ Vice Presidem		□ Vice President		· · · · · · · · · · · · · · · · · · ·	
[™] Secretary	CTrensurer	□Secretary		CI Treasurer	
Other	[]Other	□Other		□Other	
(3Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address;	□Vice Chairman	Address:	•	
□ Director		Director			
□ President		□ President			
□Vice President	144	∐Vice President			
El Secretary	—Treasurer	☐ Secretary		CiTronsurer	
□Other		130ther	- 14	COther	
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 Elofida Department of State Annual Report form. 12. Signature of Director or Officer.					
The ofference the second state of the second s					

The officer or director signing this document (and who is fisted 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. JENNY H. JUNG, PRESIDENT

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

BLOCDX INC

DOS ID Number:

5369984

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/03/2018

Statement Status:

CURRENT

Statement Due Date:

07/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on May 15, 2023 at 11:32 A.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003501224 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.gv.goy