# F23000004766

| <del></del> -                                | (Requestor's Name)         |          |
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| <u>.                                    </u> | (City/State/Zip/Phone #)   | <u> </u> |
|  | (Oity/State/Zip/: Hotte #) |          |
| PICK-UP                                      | WAIT                       | MAIL     |
|  |                            |          |
|  | (Business Entity Name)     |          |
|  |                            |          |
|  | (Document Number)          |          |
|  |                            |          |
| Certified Copies                             | Certificates of S          | Status   |
| ,  | _                          |          |
|  |                            |          |
| Special Instructions to                      | Filing Officer:            |          |
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Office Use Only



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CIENTER STONA ENERGY

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AUG 15 2023 K. Brumbley

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 08/15/2023                            | _   |                                      | ⇔WALK IN** |
|--|---|--------------------------------------|------------|
| ENTITY NAME DEMER                          | RX IB, INC.   |                                      |            |
| DOCUMENT NUMBER_                           |   |                                      |            |
|  | **PLEASE FILE TO  | HE ATTACHED AND RETURN**             |            |
|  | Plain Copy  |                                      |            |
| XXXXXXX                                    | Certified Copy  |                                      |            |
|  | Certificate of Status   |                                      |            |
|  | <b>PLEASE OBTAIN THE I</b><br>Certified Copy of Art<br>Certificate of Good St |                                      |            |
|  | **APOSTILLE'/   | NOTARIAL CERTIFICATION**             |            |
| COUNTRY OF DESTINAT<br>NUMBER OF CERTIFICA | ·   |                                      | <br>       |
| TOTAL OWED \$78.75                         |   | ACCOUNT #: I20160000072              | 2          |
|  |   | S R FM                               |            |
| Please call Tina at th                     | he above number for   | any issues or concerns. Thank you so | much!      |

## **COVER LETTER**

|           | Registration Section Division of Corporations   |                                       |  |  |
|-----------|---|---------------------------------------|--|--|
| SUBJE     | CCT: DEMERX IB, INC.  |                                       |  |  |
| 00001     | <del></del>   | f corporation - must                  | include suffix   |  |
| Dear Sir  | or Madam:   |                                       |  |  |
| "Certific | losed "Application by Foreign Corcate of Existence," or "Certificate of Ferenced foreign corporation to transfer                                      | of Good Standing" a                   | and check are submit   |  |
| Please re | eturn all correspondence concernin  | ig this matter to the                 | following:   |  |
| Deborah   | Mash  |                                       |  |  |
|           |   | Name of Person                        |  |  |
| DemeRx    | t IB, Inc.  |                                       |  |  |
| _         |   | Firm/Company                          |  |  |
| 1951 NV   | V 7th Ave   |                                       |  |  |
|           |   | Address                               |  |  |
| Miami F   | Torida 33136  |                                       |  |  |
|           |   | City/State and Zip                    | code   |  |
| dmash@    | demerx.com  |                                       |  |  |
| ,=        | E-mail address:   | (to be used for futu                  | re annual report notil   | fication)  |
| For furth | ner information concerning this ma  | tter, please call:                    |  |  |
| John The  | ohn Thomas at (   |                                       |  |  |
|           | Name of Person  | Area Code                             | Daytime Telephon   | e Number   |
|           | STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | :                                     | MAILING ADD<br>Registration Secti<br>Division of Corpo<br>P.O. Box 6327<br>Tallahassee, FL | on<br>orations   |
| Please ma | d is a check for the following amou<br>ake check payable to: FLORIDA DE<br>00 Filing Fee \$78.75 Filing<br>Certificate of                             | PARTMENT OF ST Fee & $\square$ \$78.7 |  | \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| DEMERX IB, I      | NC.  |  |  |
|-------------------|--|--|--|
| (Enter name of c  | corporation; must include "INCORPORAT<br>forp," "Inc," "Co," or "Corp.")         | TED," "COMPANY," "CORPORATIO   | N."                                      |
| DEMERX, INC       | :.<br>   |  |  |
| (If name unavail  | able in Florida, enter alternate corporate n                                     | * *  | ing business in Florida)                 |
| 2. STATE OF DE    | LAWARE   | _ 3  |  |
| _                 | ry under the law of which it is incorporated                                     | d) (FEI number, if a   | applicable)                              |
| 4                 |  | 5(Date of duration, if othe  |  |
| DATE UPON F       | e of incorporation)  | (Date of duration, if other  | r than perpetual)                        |
| 6                 | <u> </u>   |  |  |
|                   |  | ess in Florida, if prior to registration)<br>07.1502, F.S., to determine penalty liabi | ility)                                   |
| 7. 1951 NW 7TH A  | VE, MIAMI FLORIDA 33136  |  |  |
|                   | (Principa  | ıl office <u>street</u> address)   |  |
|                   |  |  |  |
| <del>-</del>      | (Current n   | nailing address, if different)   |  |
|                   |  |  |  |
| 8. Name and stree | et address of Florida registered agent:  | (P.O. Box NOT acceptable)  | 202                                      |
| Name:             | DEBORAH MASH   |  | 3 20 2                                   |
| Office Address:   | 1951 NW 7TH AVE  |  | APPRO<br>FILE<br>2023 AUG 15<br>CARRESTA |
|                   | MIAMI  | , Florida  | PH D                                     |
|                   | (City)   | (Zip code)   | <u> </u>                                 |
| 9. Registered ag  | ent's acceptance:  |  | ### <b>3</b>                             |
| Having been nan   | ned as registered agent and to accept s  |  |  |
|                   | application, I hereby accept the appo  |  |  |
|                   | omply with the provisions of all statu<br>r with and accept the obligations of m |  | ete perjormance oj my auties             |
|                   | DocuSigned by:   |  |  |
|                   | Deborale Masle   |  |  |
|                   | — FDESODABAZZONIA (Registered agen   | nt's signature)  |  |
|                   | (5.5   | ······································   |  |

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.

### DocuSign ≲nvelope ID: 58F55008-8117-4BB2-9E7F-DD73811E52B9

### A. DIRECTORS

| Chairman  | Name:   | Deborah Mash               | Chairman         | Name: Heather Potters    |
|---|---------|----------------------------|------------------|--------------------------|
| □Vice Chairman  | Addres. | DemeRx IB, Inc.            | □Vice Chairman   | Address:                 |
| □Director   | 1951 N  | W 7th Ave                  | ■Director        | 1951 NW 7th              |
| □President  | Miami   | F133136                    | □President       | Miami Ft. 33136          |
| □Vice President   |         |                            | □ Vice President |                          |
| □Secretary  |         | □Treasurer                 | ☐ Secretary      | □Treasurer               |
| □Other  |         | □Other                     | □Other           | Other                    |
| □Chairman   | Name;   | Rolando Gutierrez-Esteinou | □Chairman        | Name:                    |
| □Vice Chairman  | Addres  | DemeRx IB, Inc.            | □Vice Chairman   | Address: DemeRx IB, Inc. |
| Director  |         | NW 7th Ave                 | Director         | 1951 NW 7th Ave          |
| □President  | Miami   | FI 33136                   | □President       | Miami FL 33136           |
| □Vice President   |         |                            | □Vice President  |                          |
| ☐ Secretary   |         | □Treasurer                 | ☐ Secretary      | □Treasurer               |
| □Other  |         | □Other                     | Other            | Other                    |
| □Chairman   | Name:   | Dean Carson                | □Chairman        | Name:                    |
| □Vice Chairman  | Addres  | DemeRx IB, Inc.            | □Vice Chairman   | Address:                 |
| Director  | 1951 N  | NW 7th Ave                 | □Director        |                          |
| □President  | Miami   | FL 33136                   | □President       |                          |
| □Vice President   |         |                            | □Vice President  |                          |
| ☐ Secretary   |         | □Treasurer                 | ☐ Secretary      | □Treasurer               |
| □Other  |         | □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: #################################### |         |                            |                  |                          |

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.

Deborah Mash, CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT "DEMERX IB, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTH DAY OF DECEMBER,

A.D. 2019, AT 10:30 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF DECEMBER,

A.D. 2019, AT 12:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "DEMERY IB, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203821902

Date: 07-25-23