Division of Corporations

Florida Department of State

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.

(((H23000318930 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Grow Logistics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu Help



COVER LETTER

Division of Corporations	
SUBJECT: Grow Logistics, Inc.	
	on - most include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standbove referenced foreign corporation to transact busing	nding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following.
Gregory Mitchell, Esquire	
Name of	Person
Loriem PLEC	
Firm/Cor	прапу
197 South Federal Highway, Suite 200	
Addi	ress
Boca Raton, FL 33432	
City/State a BoonFilings@LoriumLaw.com	and Zip code
	for future annual report notification)
For further information concerning this matter, please	·
Gregory Mitchell, Esquire	361-1000
Name of Person Area Cod	de Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

H2300 APPERENTION 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 a	dopted for the purpose of transact	ling business in Florida)		
New Jersey					
September 18.	ry under the law of which it is incorporated) 2014	(FEI number, if applicable)			
(Dat	5	(Date of duration, if other than perpetual)			
761 NW 23RD	(SEE SECTIONS 607.1501 & 607.150 WAY, BOCA RATON, FL 33496 (Principal office	e <u>street</u> address)			
	(Current mailing	address it different			
Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O. Lorium PI,LC	address, if different) Box NOT acceptable)	20		
Name:	et address of Florida registered agent: (P.O.	•	2023 SEI SEE		
	et address of Florida registered agent: (P.O. Lorium PE,LC	Box <u>NOT</u> acceptable)	2023 SEP 11 SELLAN		
Name: fice Address: Registered ag	et address of Florida registered agent: (P.O. Lorium PI,LC 197 South Federal Highway, Suite 200	Box NOT acceptable) Florida 33432(Zip code)	I MIO		

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.

H23000348830

□ Chairman	PLAINVIEW ENTERPRISES LLC	□ Chairman	Mama	
□ Vice Chairman	Address: 6761 NW 23RD WAY	D Vice Chairman		
□Director	BOCA RATON, FL 33496	□ Director		
□President		□President		
□ Vice President		□ Vice President		
□Sccretary	□Treasurer	□ Secretary		□Treasurer
Other Officer	□Other	Other		TOther
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	Divice Chairman		
□Director		□Director		
□President		□President		
□ Vice President		□Vice President		
[] Secretary	□ Treasure;	□ Secretary	ĺ	∃Treasurer
COther	Other	□Other		Other
### Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:			
(?Director		[]Director		
□ President		□President		
□Vice President		□ Vice President		
☐ Secretary	☐ Treasurer	Secretary		Treasure:
(10ther	□Other	□ Other]Other
linportant Notice: U individuals may be a	Ise an attachment to report more than six (6). The attacked to the index when filing your Florida Departm	ient of State Annual Rep	out foun.	
***************************************	Signature of Director	or Officer		
The officer or disease	are elements of the data and are to the first of the second			

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.\$17.155, F.S.

Gregory Mitchell, Esquire, Authorized Person

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

H23000318930

09/11/2023 1 51FM FAX 8548414192

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

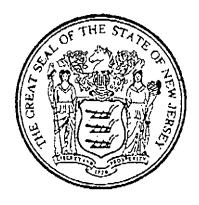
GROW LOGISTICS, INC. 0101033982

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 18, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

JOSEPH SCHWARTZ 2400 HUDSON TR APT 2P FORT LEE, NJ 07024



IN TESTIMONY WHEREOF, I have hereunio set my hand and affixed my Official Seal at Trenton, this 11th day of September, 2023

less of New

Elizabeth Maher Muojo State Treasurer

Certificate Number , 6146419209

Veryy this certificate orline of

https://www.f.st.ne.m.us/fY1R_StandingCert/JSPA/crify_Cert.jsti