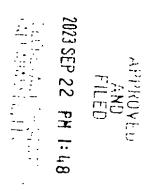
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEP 22 2073 K. Brumbley

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: GRODEX INC	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standiabove referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Eden Leznik	
Name of Pe	erson
GRODEX INC.	
Firm/Comp	any
3878 12" AVE SE	
Addres	S
NAPLES, FL 34117	
City/State and	l Zip code
Grodex USA @ Amail. Com E-mail address: (to be used for	
E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please cal	
Floo work ~650	766-240
Eden Liznik at (650) Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327
2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314
Tallahassee, FL 32303	. aaa., 6000, 1. E. 5. E. 1.
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT (OF STATE
	\$78.75 Filing Fee & S87.50 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & 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.

I GRODEX INC	<u></u>			
(Enter name of corporation; must include "INCO "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.")	RPORATED," "CC	MPANY," "CORPORATION,	**	
(If name unavailable in Florida, enter alternate co	orporate name adopto	ed for the purpose of transacting	business in Florida)	
2. CALIFORNIA	3			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. Feb 2 nd 2012	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. <u>09/22/2023</u>				
(Date first transac (SEE SECTIONS 607	ted business in Flori	da, if prior to registration) S., to determine penalty liability	3	
·		LES FL 34117		
1. PARTE SUITE IE AYC	(Principal office str	eet address)	· · · · · · · · · · · · · · · · · · ·	
	`	<u> </u>		
	Current mailing add	ress, if different)		
			2023	
8. Name and street address of Florida registered	d agent: (P.O. Box	NOT acceptable)	2023 SEP	
Name: Eden Cez	puik		- D II.	
Office Address: 3878 1214				
Office Address: 30 F 0 /2 /	the se			
Nuples		, Florida <u>34//</u>		
(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.

(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.

A. DIRECTORS							
□Chairman	Name: Elen LOZVIK	□Chairman	Name:				
□Vice Chairman	Address: 3878 12th AVE SE	□ Vice Chairman	Address:				
□Director	Naples FL 34117	□Director					
President		□President		······································			
□Vice President		□ Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□Other		Other			
□Chairman □ Vice Chairman	Name: ALEXANDER LEZNIK Address: 3678 12th AUE SE	□Chairman □Vice Chairman					
□Director	Naples FL 3411F	Director					
□President		□President		····			
□Vice President		□ Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
⊠ Other <u>CFO</u>	Other	□Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□ Other	□Other		□Other			
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department			rposes only, Non-indexed			
12.							
	Signature of Director of	Officer					
she is aware that f. s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr						
13. Eden Lesnik							
	(Typed or printed name and capacity of person signing application)						



Secretary of State Certificate of Status

1, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: GRODEX, INC Entity No.: 4118666 Registration Date: 02/14/2018

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF THE OF THE CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 22, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 147132025

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.