

9/22/23, 9:32 AM

Division of Corporations

Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : 120080080045
 Phone : (302)645-7400
 Fax Number : (302)645-1280

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

Email Address: dgatto@aquatechcenter.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
 CENTER FOR AQUACULTURE TECHNOLOGIES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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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:

1. CENTER FOR AQUACULTURE TECHNOLOGIES, INC.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Delaware 3. _____
 (State or country under the law of which it is incorporated) (FID number, if applicable)
4. 01/23/2012 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)
6. 07/20/2023
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8445 Camino Santa Fe, Suite 104, San Diego CA 92121
 (Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
 Office Address: 7901 4th Street N, Ste 300
St. Petersburg, Florida 33702
 (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.

David Roberts
 (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 STATE
 TALLAHASSEE, FL

A. DIRECTORS

☒ Chairman Name: ROBERT ORR
☐ Vice Chairman Address: 8445 Camino Santa Fe
☐ Director Suite 104
☐ President San Diego CA 92121
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: ROLY MORRIS
☐ Vice Chairman Address: 8445 Camino Santa Fe
☐ Director Suite 104
☐ President San Diego CA 92121
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: MIKE HORNE
☐ Vice Chairman Address: 8445 Camino Santa Fe
☒ Director Suite 104
☐ President San Diego CA 92121
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: JAMIE CHESNY
☐ Vice Chairman Address: 8445 Camino Santa Fe
☒ Director Suite 104
☐ President San Diego CA 92121
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: JOHN BUCHANAN
☐ Vice Chairman Address: 8445 Camino Santa Fe
☐ Director Suite 104
☒ President San Diego CA 92121
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: CHARLES GENDRON
☐ Vice Chairman Address: 8445 Camino Santa Fe
☐ Director Suite 104
☐ President San Diego CA 92121
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ 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]

 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 § 817.155, F.S.

13. JOHN BUCHANAN / President

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

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTER FOR AQUACULTURE TECHNOLOGIES, 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 SEPTEMBER, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTER FOR AQUACULTURE TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2012.

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



5099238 8300

SR# 20233555664

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204221446

Date: 09-22-23

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