F2400000041460

(Requestor's Name)
(Address)
(Address)
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(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300433619373

08/01/24--01022--006 **78.75



COVER LETTER

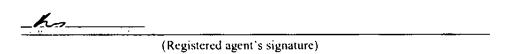
	on of Corporations					
SUBJECT:	374Water, Inc					
	Nar	ne of corporation	- must include suffix			
Dear Sir or Ma	adam:					
"Certificate of		ate of Good Stan	Authorization to Transac ding" and check are subr ss in Florida.			
Please return a	III correspondence conce	erning this matter	to the following:			
Adrienne Ande	rson					
	-1, -1	Name of	Person			
374Water, Inc.						
		Firm/Con	pany			
3710 Shannon	Road #51877					
		Addro	ess			
Durham, NC 2	771 <i>7</i>					
		City/State a	nd Zip code			
aa@374water.c	com					
	E-mail add	ress: (to be used f	or future annual report n	otification)		
For further inf	ormation concerning thi	s matter, please c	all:			
Deborah Coope	er	440 at (601-9677			
Namo	e of Person	Area Cod	e Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
		DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in F	lorida)	
Delaware 3.		83-1298028		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
July 18, 2018	5.			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
July 15, 2024				
701 W Main Stre	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 et. Suite 410 Durham, NC 27701			
	et, Suite 410 Durham, NC 27701 (Principal office	street address)		
3710 Shannon R	oad #51877, Durham, NC 27717	Server address/		
		address, if different)		
Name and stree	et address of Florida registered agent: (P.O. Brad Meyers	Box <u>NOT</u> acceptable)	24 AUG -	
ffice Address:	222 Yellow Place	<u> </u>		
	Rockledge	, Florida	PH 3: 24	
	(City)	(Zip code)	25	

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.



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	Chris Gannon Name:	∐Chairman	Adrienne Anderson Name:			
□Vice Chairman	Address: 401 W. Main Street	□Vice Chairman	Address: 401 W. Main Street			
□Director	Suite 410	□Director	Suite 410			
□President	Durham, NC 27717	□President	Durham, NC 27717			
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	☐Treasurer			
Other CEO	□Other	Other CFO	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	401 W. Main Street	□Vice Chairman				
	Address: Suite 410					
□ Director □ President	Durham, NC 27717	□ Director				
□Vice President		□Vice President				
□ Secretary COO	□Treasurer	☐ Secretary	☐ Treasurer			
Other	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 □			
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. Adrianne Anderson Signature of Director or Officer						
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 s.847.155. F.S.

13. Adrienne Anderson



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

DELAWARE, DO HEREBY CERTIFY "374WATER 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-FOURTH DAY OF MAY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "374WATER INC."
WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2005.

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

Authentication: 203553621

Date: 05-24-24