F24000005111

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/30/2024	
	Patrice Rush	
	#:2505029	
	ne: P	HYTOFLOCK INC.
		rization to Transact Business
Ame	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mei	rger	
Dis:	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized	Amount: \$70.0	0
Signature:	(Patoll	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:	FO: Registration Section Division of Corporations				
SUBJ	FCT.	PHYTOFLOCK INC.			
30 D 0		Name o	of corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stan	ding" and check are submitt	
Please	return	all correspondence concerni	ng this matter	to the following:	
Himan	i Nadga	uda			
	-		Name of	Person	
Wilmer	r Cutler	Pickering Hale & Dorr LLP			
			Firm/Com	pany	
2600 E	El Camir	no Real, Suite 400			
			Addre	ess	
Palo A	lto, CA	94306			
		·	City/State a	nd Zip code	
Albert.	charlest	002@gmail.com			
		E-mail address	: (to be used f	or future annual report notif	lication)
For fur	rther in	formation concerning this m	atter, please c	all:	
Albert	Charles		786 at (344-2760	
	Nam	e of Person	Area Code	e Daytime Telephon	e Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Please	make ch	check for the following amoreck payable to: FLORIDA DE ing Fee	EPARTMENT g Fee &		☐ \$87.50 Filing Fec. 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.

2. DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applical of the original of the property of the pro	,	bied for the burbose of transacting busines	able in Florida, enter alternate corporate name a	(If name unavaila		
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than process in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13719 NW 7th Avenue, Miami, FL 33168 (Principal office street address) (Current mailing address, if different) Name: Albert Charles Albert Charles				DELAWARE		
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13719 NW 7th Avenue, Miami, FL 33168 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles	icable)	(FEI number, if applicable)	y under the law of which it is incorporated)	(State or country		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13719 NW 7th Avenue, Miami, FL 33168 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles 12710 NW 7th Avenue			5	03/27/2024		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13719 NW 7th Avenue, Miami, FL 33168 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles	perpetual)	(Date of duration, if other than perp	of incorporation)	(Date		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13719 NW 7th Avenue, Miami, FL 33168 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles						
(Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles 13719 NW 7th Avenue.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607 1502 F.S. to determine penalty liability)					
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles		,, ,, ,, ,, ,		13719 NW 7th A		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles		street address)	(Principal offic			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Albert Charles						
Name: Albert Charles		ddress, if different)	(Current mailing			
Name: Albert Charles	2024 St 2-30	A NOT weller		N. (
Name:		ox <u>NOT</u> acceptable)		Name and street		
13719 NW 7th Avenue	. 36 	_	Albert Charles	Name:		
		_	13719 NW 7th Avenue	ffice Address:		
(City), Florida 33168 (Zip code)	AH 10: 29	Florida 33168 .	Miami			
(City) (Zip code)	: 28	(Zip code)	(City)			
. Registered agent's acceptance:			ent's acceptance:	Registered age		
laving been named as registered agent and to accept service of process for the above stated cor			ned as registered agent and to accept servic	aving been name		
esignated in this application, I hereby accept the appointment as registered agent and agree to arther agree to	o act in this capac					
nd I am familiar with and accept the obligations of my position as registered agent.		ave to the proper una commete perioi				

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 Envelope ID: FE17BFF1-D9E8-4E75-A2A6-C2367338AC91 A. DIRECTORS Albert Charles Name: □ Chairman Name: _____ ☐ Chairman 13719 NW 7th Avenue ☐ Vice Chairman Address: □Vice Chairman Address: _____ Miami, FL 33168 □ Director Director □President ■ President □ Vice President □ Vice President **■**Secretary ■ Treasurer □ Secretary □Treasurer CEO □Other _____ □Other _____ ☐Other _____ Other _ □ Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: _____ □ Vice Chairman Address: ______ □ Director □Director □ President □ President □Vice President ___ ___ □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: _____ □Vice Chairman Address: ______ ☐ Vice Chairman Address: □Director □Director □President □ President ☐ Vice President □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary

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.

acharles Signature of Director or Officer

□Other _____

□Other ______

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.

Albert Charles, President & Director

□Other _____

□Other _____

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PHYTOFLOCK 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-FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYTOFLOCK INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2024.

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

Authentication: 204479976

Date: 09-25-24

3347434 8300 SR# 20243782053