

M20000008331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

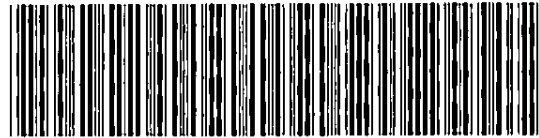
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2020 SEP 23 PM 2:20

CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020. 23 11:11:13

SBF
9/24/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 433626 4330432

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : September 22, 2020

ORDER TIME : 12:02 PM

ORDER NO. : 433626-005

CUSTOMER NO: 4330432

FOREIGN FILINGS

NAME: AEROCLEAN TECHNOLOGIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

2020 9 23 11:43

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Aeroclean Technologies, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3825 PGA Boulevard, Suite 1005
(Street Address of Principal Office)

6. 3825 PGA Boulevard, Suite 1005
(Mailing Address)

Palm Beach Lakes Blvd.

Palm Beach Lakes Blvd.

Palm Beach Gardens, FL 33410

Palm Beach Gardens, FL 33410

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Heath Walker, Asst. Secretary
(Registered agent's signature)

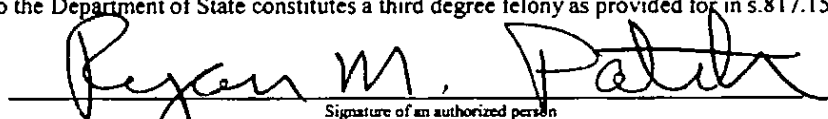
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	Amin J. Khoury	<input checked="" type="checkbox"/> Manager	Name:	David Leonard Helfet
<input type="checkbox"/> Member	Address:	3825 PGA Blvd., Suite 1005	<input type="checkbox"/> Member	Address:	3825 PGA Blvd., Suite 1005
<input type="checkbox"/> Authorized		Palm Beach Lakes Blvd.	<input type="checkbox"/> Authorized		Palm Beach Lakes Blvd.
Person		Palm Beach Gardens, FL 33410	Person		Palm Beach Gardens, FL 33410
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	Ryan Patch	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	3825 PGA Blvd., Suite 1005	<input type="checkbox"/> Member	Address:	
<input checked="" type="checkbox"/> Authorized		Palm Beach Lakes Blvd.	<input type="checkbox"/> Authorized		
Person		Palm Beach Gardens, FL 33410	Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


Signature of an authorized person
Ryan Patch

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AEROCLEAN TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AEROCLEAN TECHNOLOGIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

2020 SEP 23 10:11:43




Jeffrey W. Bullock, Secretary of State

3391467 8300

SR# 20207399621

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

Authentication: 203704249

Date: 09-22-20

FILED

2020 AUG -7 AM 8:49

STATE OF FLORIDA
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FL

APPLICATION TO RESERVE A CORPORATE NAME

1. The name to be reserved:

AEROCLEAN TECHNOLOGIES, LLC

2. Name, address and signature of applicant:

Corporation Service Company

(Name)

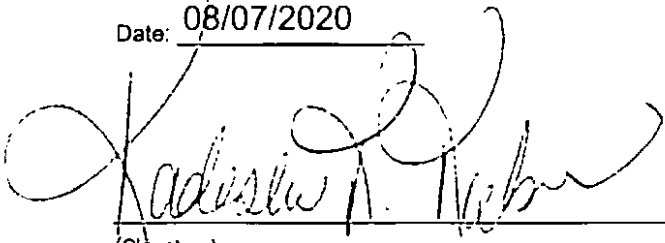
251 Little Falls Drive

(Street Address)

Wilmington, DE 19808

(City, State, Zip Code)

Date: 08/07/2020



(Signature)

Kadesha Roberson, Asst. Secretary

(Type or Print Name)

2020 AUG 23 11:43