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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

**Foreign Limited Liability Company
NaturalShrimp/Hydrenesis, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 JAN -4 PM 12:03

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN -4 PM 1:47

FILED

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. NaturalShrimp/Hydrenesis, 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. Texas
(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. 5501 LBJ Freeway, Suite 450
(Street Address of Principal Office)

6. 5501 LBJ Freeway, Suite 450
(Mailing Address)

Dallas, TX 75240

Dallas, TX 75240

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(City) (Zip code)

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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.

Jenisa Irizarry
(Registered agent's signature) Jenisa Irizarry, Special Secretary

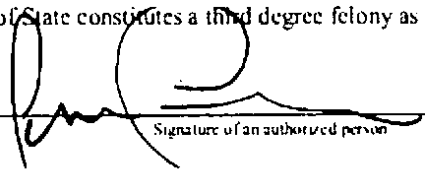
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Gerald Easterling</u>	<input checked="" type="checkbox"/> Manager	Name: <u>William Delgado</u>
<input type="checkbox"/> Member	Address: <u>5501 LBJ Freeway, Suite 450</u>	<input type="checkbox"/> Member	Address: <u>5501 LBJ Freeway, Suite 450</u>
<input type="checkbox"/> Authorized	<u>Dallas, TX 75240</u>	<input type="checkbox"/> Authorized	<u>Dallas, TX 75240</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Tom Untermeyer</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert Watson</u>
<input type="checkbox"/> Member	Address: <u>5501 LBJ Freeway, Suite 450</u>	<input type="checkbox"/> Member	Address: <u>5501 LBJ Freeway, Suite 450</u>
<input type="checkbox"/> Authorized	<u>Dallas, TX 75240</u>	<input type="checkbox"/> Authorized	<u>Dallas, TX 75240</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Antelo</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Luke Timmons</u>
<input type="checkbox"/> Member	Address: <u>5501 LBJ Freeway, Suite 450</u>	<input type="checkbox"/> Member	Address: <u>5501 LBJ Freeway, Suite 450</u>
<input type="checkbox"/> Authorized	<u>Dallas, TX 75240</u>	<input type="checkbox"/> Authorized	<u>Dallas, TX 75240</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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
Jenisa Irizarry
 Typed or printed name of signer

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

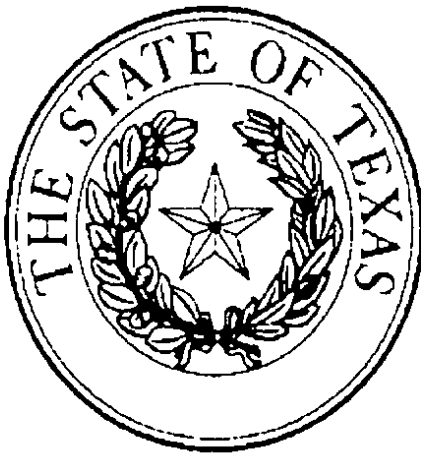
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for NaturalShrimp/Hydrenesis, LLC (file number 803895958), a Domestic Limited Liability Company (LLC), was filed in this office on January 12, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 31, 2021.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State