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COVER LETTER

	tration Section on of Corporations			
SURJECT:	Cordyceps Systems LLC			
50101101.	Name of	corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ding" and check are subn	
Please return a	all correspondence concerning	this matter	to the following:	
David Aitel				
		Name of I	Person	
Cordyceps Sys	tems LLC			
		Firm/Com	pany	
1733 Michigan	Ave			
		Addre	rss	
Miami Beach I	FL. 33139			
		City/State ar	nd Zip code	
dave.aitel@cor	dyceps.systems			
	E-mail address: (to be used f	or future annual report no	otification)
For further inf	formation concerning this mat	ter, please c	all:	
David Aitel	21	786	2639749	
Name	e of Person	Area Code) 2639749 Daytime Teleph	one Number
Regis Divisi The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	check for the following amount ock payable to: FLORIDA DEP ng Fee \$78.75 Filing Certificate of	ARTMENT Fee & □	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.

(If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transaction	ng business in Florida)
Delaware	3	37-1615070 (FEI number if a)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
6/29/2021	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
8/15/2023			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)
1733 Michigan A	ve Miami Beach FL 33139		
	(Principal office	e <u>street</u> address)	
	·		
	(Current mailing	address, if different)	<u> </u>
Name and stree	et address of Florida registered agent: (P.O.		
Name and stree			S 20
Name:	et address of Florida registered agent: (P.O.		2023 # SEGT
Name:	et address of Florida registered agent: (P.O. David Aitel	Box NOT acceptable)	SECRE TALLAR
Name:	tt address of Florida registered agent: (P.O. David Aitel 1733 Michigan Ave	Box NOT acceptable)	表示 —
Name: Mice Address:	t address of Florida registered agent: (P.O. David Aitel 1733 Michigan Ave Miami Beach (City)	Box NOT acceptable) Florida 33139	2023 AUG 11 PH SEGRETTING OF TALLAHASSER
Name: Name: Registered age	taddress of Florida registered agent: (P.O. David Aitel 1733 Michigan Ave Miami Beach (City)	Box NOT acceptable) Florida 33139(Zip code)	1
Name: Tice Address: Registered age aving been names in this	taddress of Florida registered agent: (P.O. David Aitel 1733 Michigan Ave Miami Beach (City) ent's acceptance: ded as registered agent and to accept service application. I hereby accept the appointment.	Box NOT acceptable) Florida 33139 (Zip code) e of process for the above state and against agai	od corporation arthe
Name: Tice Address: Registered ago aving been namesignated in this rther agree to c	David Aitel 1733 Michigan Ave Miami Beach (City) ent's acceptance: eed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes red	Box NOT acceptable) Florida 33139 (Zip code) e of process for the above state and as registered agent and agriculture to the proper and complete to the proper and comp	od corporation arthe
Name: Office Address: Registered ago Iaving been namesignated in this arther agree to c	taddress of Florida registered agent: (P.O. David Aitel 1733 Michigan Ave Miami Beach (City) ent's acceptance: ded as registered agent and to accept service application. I hereby accept the appointment.	Box NOT acceptable) Florida 33139 (Zip code) e of process for the above state and as registered agent and agriculture to the proper and complete to the proper and comp	od corporation arthe
Name: ffice Address: Registered age faving been namesignated in this arther agree to c	David Aitel 1733 Michigan Ave Miami Beach (City) ent's acceptance: eed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes red	Box NOT acceptable) Florida 33139 (Zip code) e of process for the above state and as registered agent and agriculture to the proper and complete to the proper and comp	od corporation arthe

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 Name: David Aitel ■Chairman □Chairman Name: 1733 Michigan Ave □Vice Chairman Address: □Vice Chairman Miami Beach FL 33139 □Director □Director □President □President □Vice President □Vice President _ □Treasurer □Treasurer □Secretary □ Secretary □Other _____ □Other _____ □Other ____ Name: \square Chairman □Chairman Name: □Vice Chairman Address: ______ □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other_____ □Other _____ □Other _____ Name: □Chairman □Chairman □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. _____ 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.817.155, F.S. 13. David Aitel Chair may

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





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

DELAWARE, DO HEREBY CERTIFY THAT "CORDYCEPS SYSTEMS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF JUNE,

A.D. 2021, AT 1:15 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CORDYCEPS SERVICES LLC" TO "CORDYCEPS SYSTEMS LLC", FILED THE SECOND DAY OF JULY, A.D. 2021, AT 4:01 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "CORDYCEPS SYSTEMS LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORDYCEPS SYSTEMS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2021.



Authentication: 203835314

Date: 07-27-23





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



Authentication: 203835314

Date: 07-27-23