Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I2008000067 Phone : (845)425-0077 : (845)818-3588 Fax Number

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

Email Address:____

FLORIDA PROFIT/NON PROFIT CORPORATION

SeaPurGen, Inc

Certificate of Status Certified Copy Page Count 01 Estimated Charge \$70.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be:					_
ARTICLE II PRINC	Mailing address, if different is:					
17645 Winterhawk	 					
Jupiter, Florida 33478		<u></u>			,	
ARTICLE III PURPO The purpose for which the Bio Effluent Fertilizers	PSE ne corporation is organized is: and crop enhancers as well as other produc	company, market ts; frozen meals pr	ing Frozen Food	i. Fresh I stimulan	Food and	d
enhancement products						
				<u> </u>	20	
					20 25 HA R	
ARTICLE IV SHARE The number of shares of					AH 4: 48	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Peter Knollenberg- Director, Chairman	_ Name and Title	Peter Knollent	oerg - CE	0	
Address	17645 Winterhawk	Address:	17645 Winterh	awk		
	Jupiter, Florida 33478		Jupiter, Florida	33478		
Name and Title: Address		Name and Title: Address:	Gavin van der Burgh - Director 390 North Orange Ave, Suite 2300 Orlando, FL 32801			
	Dollard des Ormeaux, QC H9B 3L9 CANADA	- -		2001		
Name and Title:	Mark Zafrin - Director 104540 Wilshire Boulevard Los Angeles, CA 90024	_ Address:				
		_		· • •		

Name a	nd Title:	Name and Title:	
Addres	5.5	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Peter Knollenberg	, or the registerou agent to	
Address:	17645 Winterhawk		
, wanted.	Jupiter, Florida 33478		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		202 5 H AR
Name:	Mark Zafrin		AR
Address:	104540 Wilshire Boulevard		=
	Los Angeles, CA 90024		A
		-	
ARTICLE VIII	EFFECTIVE DATE:		,* CD
Effective date, i (If an effective filing.)	f other than the date of filing:date is listed, the date must be specific and car	(OPTIONAL nnot be more than five days p) rior or 90 days after the
	e inserted in this block does not meet the applical effective date on the Department of State's record		s, this date will not be listed as
	imed as registered agent to accept service of proc I am familiar with and accept the appointment as		
	246 4 6		03.13.2025
*	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fe	ire true. I am aware that the f lony as provided for in s.817.1.	Calse information submitted in a 55, F.S.
	* 1924.		03.13.2025
Requ	ired Signature/Incorporator		Date