## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000187760 3)))



H210001877603ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. D	oing so
will generate another cover sheet	

To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

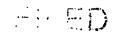
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION Synergy Biologique Plus, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2021 KAY 10 PH 4:58



2021 MAY 10 AM 11: 13

ARTICLES OF INCORPORATION 2021
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	ion shall have Synergy Biologique Plus, Inc.		SECRETATIV OF STATE TALLAHASSEE, FL
7901 4th St N STE 300	Principal street address	P O Box 8	Mailing address, if different is:
St. Petersburg, FL 3370	2	Point Loc	kout, NY 11569
• •	OSE  Marketing, he corporation is organized is:  l organic agro-input products for use in open		and Warehousing of suite of generic
hydroponic, fertigation,	drip irrigation, and similar systems. Const	ılting and advisory	services to create custom and
proprietary formulations	s for mitigation of several adverse effects i	n agricultural produ	oction.
ARTICLE IV SHARE The number of shares of  ARTICLE V INITIA	stock is:  **LOFFICERS AND/OR DIRECTORS		
Name and Title	Kamal Mehta, P	Mann and Title	
Address		Name and Title:	Carolyn Mehta, S
Address	7901 4th St N STE 300	Address:	Carolyn Mehta, S 7901 4th St N STE 300
Audress			
Name and Title: Address	7901 4th St N STE 300 St. Petersburg, FL 33702	Address: Name and Title	7901 4th St N STE 300 St. Petersburg, FL 33702

Name :	and Title:	Name and Title:	
Addre	ess	Address:	
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acce	otable) of the registered agent is:	S Z
Name:	Registered Agents Inc.		460
Address:	7901 4th St N STE 300		SECRLING TALLIAN
	St. Petersburg, FL 33702		
ARTICLE VII	INCORPORATOR		AMII: 13 Worste FL
			四国 点
The <u>name and</u>	address of the Incorporator is:		m
Name:	Riley Park	<u> </u>	
Address:	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
ARTICLE VIII	I_EFFECTIVE DATE:		
Effective date,	if other than the date of filing:	(OPTIONAL)	
(If an effective liling.)	date is listed, the date must be specific an	d cannot be more than five days prior	or 90 days after the
Note: If the da	ite inserted in this block does not meet the ap	plicable statutory filing requirements, th	is date will not be listed as
the document's	effective date on the Department of State's r	ecords.	
Having been no	amed as registered agent to accept service of	process for the above stated corporation	on at the place designated in
no terrificare,	I am familiar with and accept the appointme	ni as regisierea agent ana agree to act ii	i this capacity
Sec 1	fane		5/2/2021
	Required Signature/Registered Ag	ent	Date
I submit this de locument to the	ocument and affirm that the facts stated her e Department of State constitutes a third degi	rein are true. I am aware that the false ree felony as provided for in s.817.155, I	information submitted in a v.S.
-D., -	<b>→</b> ,		5/2/2021
Req	t_t uired Signature/Incorporator		Date