

P21000042359

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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

FILED

ARTICLES OF INCORPORATION

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

2021 MAY 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: Synergy Biologique Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

P O Box 840

Point Lookout, NY 11569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing, Sales, Distribution and Warehousing of suite of generic and proprietary certified organic agro-input products for use in open field environments and also compatible for use in hydroponic, fertigation, drip irrigation, and similar systems. Consulting and advisory services to create custom and proprietary formulations for mitigation of several adverse effects in agricultural production.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kamal Mehta, P

Address

7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: Carolyn Mehta, S

Address:

7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: Maura Kohl, T

Address

7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: David Kohl, O

Address:

7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title:

Address

Name and Title:

Address:

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.
 Address: 7901 4th St N STE 300
 St. Petersburg, FL 33702

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 2021 MAY 10 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Riley Park
 Address: 7901 4th St N STE 300
 St. Petersburg, FL 33702

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bill Hume 5/2/2021
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Riley Park 5/2/2021
 Required Signature/Incorporator Date