

F24000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

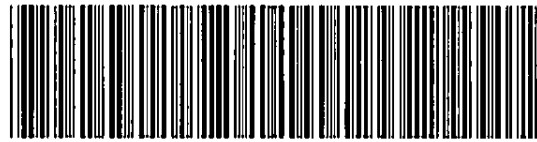
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Certified Copies _____

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2024 APR -8 AM 11:46

RECEIVED
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

2024 APR -8 PM 1:24

APR 09 2024

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/08/2024

****WALK IN****

ENTITY NAME Regrow Agriculture Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: 120160000072

S. B. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regrow Agriculture Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Harbor Compliance
Name of Person

Firm/Company
Firm/Company

1830 Colonial Village Lane
Address

Lancaster, PA 17601
City/State and Zip code

bdcalix@harborcompliance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad at (717) 210-5263
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$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.

1. Regrow Agriculture Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/28/2018 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 87 Packers Falls Rd Durham, NH 03824
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg Florida 33702
(City) (Zip code)

2024 APR -8 AM 11:46

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

David Roberts

(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Anastasiia Volkova
 Vice Chairman Address: 87 Packers Falls Rd
 Director Durham, NH 03824
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Rohina Batra
 Vice Chairman Address: 87 Packers Falls Rd
 Director Durham, NH 03824
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Anastasiia Volkova
 Vice Chairman Address: 87 Packers Falls Rd
 Director Durham, NH 03824
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Leslie Dach
 Vice Chairman Address: 87 Packers Falls Rd
 Director Durham, NH 03824
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Michael Zimmerman
 Vice Chairman Address: 87 Packers Falls Rd
 Director Durham, NH 03824
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Veery Maxwell
 Vice Chairman Address: 87 Packers Falls Rd
 Director Durham, NH 03824
 President _____
 Vice President _____
 Secretary Treasurer
 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. /s/ Rohina Batra

 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. Rohina Batra - Treasurer

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

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REGROW AGRICULTURE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGROW AGRICULTURE INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

7168130 8300

SR# 20241344979

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203199031

Date: 04-08-24