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Certified Copies	Certificates o	of Status
Special Instructions to Fi	ling Officer:	
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2024 JUL 16 AM III: 18

WE CENTED

UUL 1 6 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 494984 8359142

AUTHORIZATION :

COST LIMIT : C\$\70.00

ORDER DATE : June 11, 2024

ORDER TIME : 4:03 PM

ORDER NO. : 494984-040

CUSTOMER NO: 8359142

FOREIGN FILINGS

NAME: AFRIEX, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

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.

	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
Delaware 3 8		4-3078673		
(State or country under the law of which it is incorporated)		(FEI number, if a	(FEI number, if applicable)	
9/5/2019	5			
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)	
·	(Date first transacted business in			
14090 Southwe	(SEE SECTIONS 607.1501 & 607.15 st Freeway, Ste 300 Sugar Land, TX 7747	• •	lity)	
•	(Principal offi	ce <u>street</u> address)	 	
	(Current mailin	g address, if different)		
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Corporation Service Company		2024 JUL 16 2024 JUL 16 2500 166		
ffice Address:	1201 Hays Street		6 PH	
	Tallahassee	. Florida 32301	<u> </u>	
	(City)	(Zip code)	型品 2	

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.

By: (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.

A. DIRECTORS Temitope Alabi Ndubuisi John Name: ☐ Chairman ☐ Chairman 14090 Southwest Freeway 14090 Southwest Freeway □ Vice Chairman □Vice Chairman Address: Address: Ste 300 Ste 300 Director □ Director Sugar Land, TX 77478 Sugar Land, TX 77478 President □President □ Vice President _____ □Vice President ☐Treasurer ☐ Secretary □ Secretary ☐ Treasurer CTO Other_ □Other _____ □Other _____ □Other _____ □ Chairman Name: Name: ______ □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President □Vice President ☐Vice President □ Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ ☐ Chairman Chairman Name: Name: __ _ _ _ _ _ _ _ _ _ □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 Desagnment of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is fisted 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. Temitope Alabi / President

(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 "AFRIEX, 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 TWENTY-EIGHTH DAY OF JUNE, 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 "AFRIEX, INC."

WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203827712

Date: 06-28-24