10/23/23, 5:09 PM

To:

Division of Corporations

# Biorida Department of State 346 Division of Conformation 346 Electronic Plane Case Short

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.

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H230003599623ABC7

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To:

Division of Corporations

Fax Number : (850)617-6383

File first: H23000369989 3 File second: 1123000369962 3

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

110:30 STATE CRATIONS

Email Address:\_\_\_\_\_\_

#### FLORIDA/FOREIGN LP/LLLP

#### Luminescent Labs, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

#### FILE SECOND

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

18886118813

Acceptable Limited I Acceptable Limited I	Partnership suffixes: Limited Partnersh	lity Limited Partnership, which must include suffix) hip, Limited, L.P., L.P., or l.td. Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
If name unavailable		ship or limited liability limited partnership proposes to register to transact a; must contain acceptable suffix		
n DE		3. 10/10/2023		
~ ·	ate or Country of Formation	Date of Formation		
4. Federal Employe	r Identification Number			
5. Name of Register	red Agent for Service of Process and	Florida Street Address:		
Veorp Agent Service	es, Inc.			
1200 South Pine Isla	and Road			
Plantation, FL 3332	4			
6. I hereby accept the of all statutes relamy position as reg	ttive to the proper and complete perfort	l agree to act in this capacity. I further agree to comply with the provisions mance of my duties, and I am familiar with and accept the obligations of son, Asst. Secretary		
		re of Registered Agent		
7. Principal Office:		8. Mailing Address:		
801 Brickell Ave, #709		801 Brickell Ave, #709		
801 Brickell Ave, #				
Miami, FL 33131		Miami, FL 33131		
Miami, FL 33131		Miami, FL 33131		
Miami, FL 33131  9. If limited partne	ership is a limited liability limited par	Miami, FL 33131		
Miami, FL 33131  9. If limited partners, 10. Name, principal	ership is a limited liability limited par al office address, and mailing address	Miami, I'L 33131  etnership, check box   of each general partner:		
Miami, FL 33131  9. If limited partners, 10. Name, principal	ership is a limited liability limited par al office address, and mailing address d Partner: Luminescent Labs GP, LLC	Miami, FL 33131		
Miami, FL 33131  9. If limited partners, principal	ership is a limited liability limited par al office address, and mailing address d Partner: Luminescem Labs GP, LLC 801 Brickell Ave. #709	Miami, I'L 33131  etnership, check box   of each general partner:		
Miami, FL 33131  9. If limited partners 10. Name, principal Name of General	ership is a limited liability limited par al office address, and mailing address I Partner: Luminescent Labs GP, LLC 801 Brickell Ave. #709 Miami, FL 33131	Miami, FL 33131  rtnership, check box   of each general partner:  Name of General Partner:		
Miami, FL 33131  9. If limited partners 10. Name, principal Name of General	ership is a limited liability limited par al office address, and mailing address d Partner: Luminescem Labs GP, LLC 801 Brickell Ave. #709 Miami, FL 33131	Miami, FL 33131  rtnership, check box   of each general partner:  Name of General Partner:		
Miami, FL 33131  9. If limited partners 10. Name, principal Name of General Street Address:	ership is a limited liability limited par al office address, and mailing address d Partner: Luminescem Labs GP, LLC 801 Brickell Ave. #709 Miami, FL 33131	Miami, FE 33131  stnership, check box   sof each general partner:  Name of General Partner:  Street Address:		
Miami, FL 33131  9. If limited partners 10. Name, principal Name of General Street Address: Mailing Address	ership is a limited liability limited par al office address, and mailing address d Partner: Luminescem Labs GP, LLC 801 Brickell Ave. #709 Miami, FL 33131 801 Brickell Ave. #709 Miami, FL 33131	Miami, FE 33131  stnership, check box   sof each general partner:  Name of General Partner:  Street Address:		
Miami, FL 33131  9. If limited partners 10. Name, principal Name of General Street Address: Mailing Address Name of General	ership is a limited liability limited paral office address, and mailing address.  d Partner: Luminescem Labs GP, LLC 801 Brickell Ave. #709  Miami, FL 33131  801 Brickell Ave. #709  Miami, FL 33131	Miami, FL 33131  ctnership, check box  sof each general partner:  Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:  Street Address:		

Page 1 of 2

Τo;

Name of General Partner:		Name of General	Name of General Partner:	
Street Addres	ss:		Street Address:	~ <del></del>
Mailing Addi	ress:		Mailing Address	
(Effective date ca Note: If the date :		n 90 days after tineet the appli	the date this document is cable statutory filing requ	s filed by the Florida Department of State.) uirements, this date will not be listed as the
	ent of State, by the Secretary c			or to the delivery of this application to the of the entity's records in the jurisdiction under
Signed this	23rd day of	October	.20 23	
•			GP, LLC by Sid Jawah	
	_	ı	si Sid Jawahar	
		Signatu	re of a general partner	
				re individual is aware that false information provided for in s.817-155, F.S.
	Filing Fees: Certified Copy (optional): Certificate of Status (option		\$1,000.00 (\$965 Filing \$52.50 \$8.75	Fee and \$35 Registered Agent Fee)

To:

### Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUMINESCENT LABS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUMINESCENT LABS, LP" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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

Authentication: 204430384

Date: 10-23-23