Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

#### FOREIGN PROFIT/NONPROFIT CORPORATION

O1 Labs Inc

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

## COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT:	Q/ L	ABS I	[nc		
	(Name of corpo			:)	
Dear Sir or Madam:					
The enclosed "Applies" Certificate of Existen transact business in Flu	ation by Foreign Corporation ce," and check are submitted orida.	a for Authoriz I to register th	ation to Trans ae above refer	act Business in Florida," enced foreign corporation to	
Please return all corres	pondence concerning this m	atter to the fo	illowing;	•	
	HURIEL	WAL	6 <i>H</i>		
	(Nan	wall ne of Person)	<del></del>		
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	890 WINTER	Address)		,	
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, , , , , , , , , , , , , , , , , , ,	WAITHAM (City/Si	ate and Zip c	ode)		
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email mu	rel, loalshab	stlats.	ر د د د د د د د د د د د د د د د د د د د		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	the following amount:				
\$70.00 Filing Fcc	☐S78.75 Filing Fee & Certificate of Status	Certified	Filing Fee & 1 Copy	☐\$87.50 Filing Fcc, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOI	REIGN CORPORTION TO	O, FLORIDA STATOT O TRANSACT BUSINI	ES. I THE FOLLOWING ESS IN THE STATE OF .	IS SUBMITTED TO FLORIDA.
L ·	01 1	ARS TOC		
(Enter name of c "Inc.," "Co.," "Co	urporation; must include "INC orp," "Inc," "Co," or "Curp.")	ORPORATED." "COM	MPANY," "CORPORATION	ON."
	•			•
(If name unavails	ble in Florida, cuter alternate	corporate name adopted	for the nurses of transact	ting husiness in Florida
•				
2. State or country	DELAWARE under the law of which it is inc	comorated) \	77 - 3388	y G G
4. (Date	2/18/2001 of incorporation)	5	ion: Yoar curp. will cease	to eviet or themselveth
(====	•		ion: rear cosh: with cease.	m even on bethering
6		2/1/09	, if prior to registration)	<del></del>
	(SEE SECTIONS 607		, to determine penalty liabi	lity)
7 890	WINTER ST	•		
· · · · · · · · · · · · · · · · · · ·	(Princ	cipal office ackiress)	70	
	σA	HE AS ABO	VĒ	
		ent mailing address)	<u></u>	<u> </u>
			•	
8	SELLING NETTAL of corporation authorized in h	BRK BECURIT	Y HARDWARE	4 SOFTWARE
(Purpose(s)	of corporation authorized in h	come state or country to	be carried out in state of F	lorida) ကိုခြင်း တ
9. Name and street	address of Florida registere	d agent: (P.O, Box.)	NOT acceptable)	
Name:	Of Corporation	Solean	•	10f 10f 10si 10si 10si 10si 10si 10si 10si 10si
142116.	<del>-</del> ,	, ,		AIE
Office Address:	1200 South Pine	Island Hoad	•	> ⊘
•	Dantz tro	. F	lorida 28324 ·	
	(City)		(Zip code)	
10. Registered age	•		•	
	nt a acceptance. I as registered agent and to	accept service of pro	cess for the above states	d corporation at the place
designuted in this a	pplication, I hereby accept	the appointment as r	egistered agent and agr	se to act in this capacity. I
juriner agree to con and t om familiar w	npty wun the provisions of rith and accept the obligation	au statutes relative to ons of my position as	) the proper and complex registered agent.	te performance of my dutie
	)	<b>,,</b>	· · · · · · · · · · · · · · · · · · ·	•
	1000	17/	WMY TOFTEROD	•
12	TVVVV /T	A58	ISTANT SECRETARY	<u>/</u>
	faga bartelligasi)	v('s signature)		
11. Attached is a co	rtificate of existence duly a	uthenticated, not more	than 90 days prior to de	livery of this application to
the Department of S	tate, by the Secretary of Sta ich it is incorporated.	te or other official hav	ving custody of corporate	e records in the jurisdiction

12. Names and business addresses of officers and/or directors:

10 FEB 26 PM 2: 24 A. DIRECTORS DIRECTOR DAVE FACHETTI BOB STEINKARUSS WINTER ST SUITE 230 SHAUN HCCONNON 290 WINTER 57 BUITE 230 WA I THAY MA 02351 Address: \_ SONTA HOEL TERKINS Director: WALTHAM MA 02351 890 WINTER ST (SUITE 230) Address: \_\_\_ TONY VAN BOMMEL DIRECTOR-890 WINTER ST SUITE 230 **B. OFFICERS** BRENDAIN HADDIGAIN President: 890 WINTER ST SUITE 280 WAITHAH HA 02351 ROBERT FINCKE WINTER ST Address: ShAUN MC Connon WALTHAM MA 02351 WINTER ST SUITE 280 SHAUN MCCONNOIN WAITHAM SUITE 280 Address:

NOTE: If necessary, you may attach an addendant to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

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

# Delaware 10 FEB 26 PM 2: 24 SERAGRIPATOR STATE TALLAHASSEE, FLORIDA

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "Q1 LABS 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 THENTY-THIRD DAY OF FEBRUARY, A.D. 2010.

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

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

3356997

DATE: 02-23-10