Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:			
	Account Name	: VCORP SERVICES, LLC	5
	Account Number	: 120080000067	题). (3)
	Phone	: (845)425-0077	
	Fax Number	: (845)818-3588	3-

FOREIGN PROFIT/NONPROFIT CORPORATION

BioLabMart Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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S Warren AUG 2 4 2016

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.

BioLabMart	Inc.			
	of corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	Ι,"	
Wyoming	ailable in Florida, enter alternate corporate name	• •	_	
(State or cou	3, intry under the law of which it is incorporated)	(FEI number, if ap	plicable)	
4. 8/22/	2016 5.			
(E	Pate of incorporation)	5. (Date of duration, if other than perpetual)		
6			···	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ity)	
1900 Purdy A	venue, #1907, Miami Beach, FL 33139	• •	•	
/· 	(Princi)	pal office address)		
1900 Purdy A	venus, #1907, Mismi Beach, FL 33139		42	
	(Current maili	ng address, if different)	- 5 W	arre (124)
8. Name and <u>s</u>	treet address of Florida registered agent: (P.o. Jonah Meer :	D. Box <u>NOT</u> acceptable)	NS 23	7
Office Address	1900 Purdy Avenue, #1907		3 45.	Ö
		33139 (Zip code)	P: 21 STATE ORIC	
	(City)	(Zip code)	A	
Having been n designated in t further agree t	agent's acceptance: named as registered agent and to accept serv this application, I hereby accept the appoint to comply with the provisions of all statutes im familiar with and accept the obligations of (Registered	ment as registered agent and agr relative to the proper and compl	ree to act in this capa ete performance of m	city. I

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. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman;			
Address:			
Vice Chairman:			
Address:			
Director: Jonah Meer			
Address: 1900 Purdy Avenue, #1907, Miami Beach, FL 33139			
Director:			
Address:			ese (2000)
Add. 635.		ir i	Mary Tips
B. OFFICERS	57,70 fn-≰	,- ()	- REGITE
Jonah Meer	10 m	ט	
President: 1900 Purdy Avenue, #1907, Miami Beach, FL 33139	STA SR	Ÿ	
Address:	—— ———————————————————————————————————	8	
			_
Vice President:	 	-	
Address:			
			=,
Secretary:			
Address:			,
Treasurer:			-
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or di	ectors.	
12. Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the D a third degree felony as provided for in s.817.155, F.S.	ns that the fact epartment of S	stated l tate con	herein stitutes
13. Jonah Meer, President			- <u></u>
(Typed or printed name and capacity of person signing application	1)		

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

BioLabMart Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on August 22, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2016-000723902.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, Issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of August, 2016 at 12:29 PM. This certificate is assigned 020857829.



Secretary of Mate

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyoblz.wy.gov and following the instructions displayed under Validate Certificate.