

F17000005108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

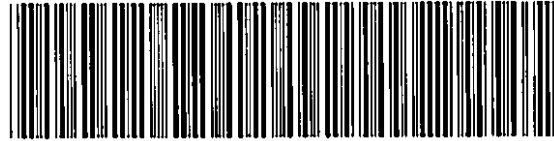
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TALLAHASSEE, FLORIDA

S. WARREN

NOV 14 2017

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.Incserv.com
e-mail: info@incserv.com

incserv

File
Second

ORDER FORM

TO : Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dof.myflorida.com
850-245-6051

FROM Lucy Rose
lrose@incserv.com
302.531.3150

REQUEST DATE 11/13/2017

PRIORITY Routine

OUR REF # (Order ID#) 591404

ORDER ENTITY
PAX LABS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
PAX LABS, INC. (FL)

File the attached foreign qualification document

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

PAX Labs, Inc.

1. _____
(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. 4/21/2017 _____ 5. perpetual _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. NA _____

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

7. 660 Alabama Street, Floor 2, San Francisco, CA 94110 _____
(Principal office address)

(Current mailing address, if different)

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

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive
Tallahassee, _____, Florida 32301
(City) (Zip code)

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.



Lucy Rose, Assistant Secretary

(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.

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

A. DIRECTORS

Chairman: SEE SCHEDULE I ATTACHED HERETO

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE SCHEDULE I ATTACHED HERETO

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 
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. Sally Brammel, Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

SCHEDULE I

PAX Labs, Inc. – Officers and Directors

Title	Name	Address
Chief Executive Officer	Tyler Goldman	660 Alabama Street, Floor 2 San Francisco, CA 94110
Secretary	Sally Brammel	660 Alabama Street, Floor 2 San Francisco, CA 94110
Director	James Monsees	660 Alabama Street, Floor 2 San Francisco, CA 94110
Director	Adam Bowen	660 Alabama Street, Floor 2 San Francisco, CA 94110
Director	Riaz Valani	660 Alabama Street, Floor 2 San Francisco, CA 94110
Director	Nicholas Pritzker	660 Alabama Street, Floor 2 San Francisco, CA 94110
Director	Harold Handelsman	660 Alabama Street, Floor 2 San Francisco, CA 94110

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OF ARIZONA
CLERK OF SUPERIOR COURT

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PAX LABS (DEUX), INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "PAX LABS, INC." ON THE THIRTIETH DAY OF JUNE, A.D. 2017, AT 11:11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAX LABS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2017.

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6387684 8320
SR# 20175861534

Authentication: 203109476
Date: 08-23-17

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