F18000001212

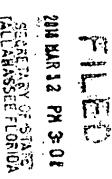
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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03/12/18--01029--016 **70.00



J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBI	Visual La	bs, Inc.			
3010	ECI	Name of o	orporation -	must include suffix	 -
Dear S	Sir or Madam:				
"Certi	ficate of Existence		Good Stand	ing" and check are sub	ct Business in Florida," emitted to register the
	return all corresp inder Popof	ondence concerning	this matter t	o the following:	
	* ***		Name of Po	erson	
Visua	l Labs, Inc.				
-		<u> </u>	Firm/Comp	any	<u> </u>
POB	lox 7523				
			Addres	<u> </u>	
Menlo	Park, CA 94026-7	7523			
	<u> </u>		City/State and	l Zip code	
alp@	visuallabsinc.com				
		E-mail address: (to be used fo	r future annual report i	notification)
For fu	rther information	concerning this matt	er, please ca	II:	
·			818	919-9802	
	Name of Person	at	Area Code	Daytime Telep	hone Number
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclos	sed is a check for	the following amour	ıt:		
■ \$7	0.00 Filing Fee	\$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	rporation; must include "INCORPORATED," " rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Visual Labs Flor	rida, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)
Delaware	3. <u> </u>	7-1825887	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
09/05/2014	5		
(Date	of incorporation)	(Date of duration, if other th	an perpetual)
n/a			
607 Menlo Avenu	(SEE SECTIONS 607.1501 & 607.1502 ac, Menlo Park, CA 94025	office address)	
P O Roy 7523 M	tenlo Park, CA 94026-7523	office address;	•
	<u>-</u>	11 15 150	\$ 10 700
	, a	address, if different)	CLASS.
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	2000
Name:	COGENCY GLOBAL INC.		
ffice Address:	115 North Calhoun Street, Suite 4	_	ရွှင့် မှ
	Tallahassee	32301 , Florida	D 4 0
	(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.

maina & praisa Kugelmann, Asst. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Alexander R. Popof Chairman: 607 Menlo Avenue Address: Menio Park, CA 94025 Vice Chairman: Address: Director: Address: Director: _ Address: **B. OFFICERS** Alexander R. Popof President: 607 Menlo Avenue Address: Menlo Park, CA 94025 Vice President: Address: Alexander L. Popof Secretary: 607 Menlo Avenue, Menlo Park, CA 94025 Address: Alexander L. Popof Treasurer: 607 Menlo Avenue, Menlo Park, CA 94025 Address: NOTE: If necessary, you may attach any addendum to the application listing additional officers and/or directors. 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. Alexander L. Popof, Secretary 13. _

(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 THAT "VISUAL LABS, INC." 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.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF SEPTEMBER,

A.D. 2014, AT 1:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "VISUAL LABS, INC.".

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.



Authentication: 202230710

Date: 02-28-18