F1900001208

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



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BKINSEY SEP 1 3 2019

COVER LETTER

_	stration Se ion of Cor						
		iomedical, Inc.					
SUBJECT:		Name	of corporat	ion -	must include suffix	<u>-</u>	
Dear Sir or M	ladam:						
"Certificate o	f Existenc		e of Good S	Standi	uthorization to Transac ng" and check are sub in Florida.		
Please return Kim Miller	all corresp	oondence concern	ning this ma	tter to	the following:		
			Name	of Pe	rson		
Berg Hill Gree	enleaf Rusc	itti LLP					
		• •	Firm/C	Compa	nny		
1712 Pearl Str	ect						
			Ac	ldress	;	<u> </u>	
Boulder, CO	80302						
			City/Stat	e and	Zip code		20
kam@bhgrlaw	r.com						2019 SEP
		E-mail addres	s: (to be use	ed for	future annual report r	notification)	- <u>Sp</u> I
For further in	formation	concerning this r	natter, pleas	se cal	l:		J.
							PH 4:
Kim Miller			303 at (402-1600)		
Nam	e of Perso	n	Area C	Code	Daytime Telep	hone Number	-1
Regis Divis Clifto 2661	stration Se sion of Cor on Buildin	porations g Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7	
Enclosed is a	check for	the following am	iount:				
\$ \$70.00 Fil	ling Fee	S78.75 Filin	_		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Fil Certificate	ing Fee, e 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.

Quality Biomed 1.	ical, Inc.						
	orporation; must include "INCORPORATED orp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORA	ATION,"				
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of trai	nsacting business in Florida)				
Delaware 2.		47-4595086 3.					
(State or country							
(Date 08/30/2019	of incorporation) 5	(Date of duration. if	f other than perpetual)				
6205 Lookout Ro 7	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 ad., Ste. F, Boulder, CO 80301						
	(Current mail	ing address. if different)					
8. Name and stree Name: Office Address:	C T Corporation System 1200 South Pine Island Road	O. Box <u>NOT</u> acceptable)	2019 SEP -5				
Office Address.		. Florida 33324 (Zip code)	PH 4: 17				

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.

James M. Halpin
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.

1. Names and business addresses of officers and/or directors

hairman				
ice Chai	rman:			
ddress:				
-				
irector:	PK Bala			
ddress:	6205 Lookout Road, Suite F		-	
	Boulder, CO 80301			
irector:	Jim Worrell			
ddress:	6205 Lookout Road, Suite F	···-		
	Boulder, CO 80301	<u> </u>		
. OFF	ICERS	,		
resident:	PK Bala			
ddress:	6205 Lookout Road, Suite F		2019	
	Boulder, CO 80301		SEP	:=)
ice Pres	dent:		Q.	
		ر ا:		
		-1 · ·		
ecretary:				
				_
	If necessary, you may attach an addendum to the application listing additional	Officers of the	diagram	
2	Signature of Director or Officer	omcers and/or	directors	•
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) af			

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

ADDENDUM

NAME/ADDRESS

OFFICE

PK Bala

6205 Lookout Road, Ste. F

Boulder, CO 80301

CEO, President, and Secretary

John Mahoney

6205 Lookout Road, Ste. F

Boulder, CO 80301

Chief Financial Officer

Jim Worrell

6205 Lookout Road, Ste. F

Boulder, CO 80301

Chief Commercial Officer

PK Raja

6205 Lookout Road, Ste. F

Boulder, CO 80301

Chief Technology Officer

William Ross

6205 Lookout Road, Ste. F

Boulder, CO 80301

Senior Vice President, Commercial Operations

Jason Perfetto

6205 Lookout Road, Ste. F

Boulder, CO 80301

Vice President, Operations



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUALITY BIOMEDICAL, 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 THIRD DAY OF SEPTEMBER, A.D. 2019.

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



Authentication: 203519072

Date: 09-03-19