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DATE:

9/25/19

NAME: INSTANT LABS, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Instant Labs, Inc.		
Name of	corporation -	must include suffix
Dear Sir or Madam:		
"Certificate of Existence," or "Certificate of above referenced foreign corporation to train	f Good Stand nsact business	in Florida.
Please return all correspondence concerning	g unis matter te	o the following:
Biren Sood		ASSET
	Name of Po	1110
Instant Labs, Inc.	, .,	TELERIDE TO THE STREET TO THE
	Firm/Compa	ny Ref. F
5201 Great America Parkway		P .
	Address	
Santa Clara, CA 95054		
(City/State and	Zip code
biren@instantlabsinc.com		
E-mail address: (to be used for	future annual report notification)
For further information concerning this mat	ter, please cal	:
Biren Sood	408	209-1142
at	()	
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amour	nt:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing F Certificate of \$		78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

l. Instant La	bs, Inc.	
(Enter name of	of corporation; must include "INCORPORATED"	" "COMPANY," "CORPORATION,"
"Inc.," "Co.,"	"Corp," "Inc," "Co," or "Corp.")	
Instant La		
(If name unav	ailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Delaware		82-3490142
(State or cou	intry under the law of which it is incorporated)	(FEI number, if applicable)
411/20/2017	7	77.
(I)	rate of incorporation)	(Date of duration, if other than perpetual)
6.		新 第 二
	(Date first transacted business in	Florida, il prior to registration)
	(SEE SECTIONS 607.1501 & 607.15	in FS to determine penalty lighting Cl
7. 5201 Grea	t America Parkway, Suite 320 Santa Clara, (CA 95054
	(Princip	al office address)
		DE F
	(Current mailin	g address, if different)
8. Name and <u>st</u>	reet address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	Paracorp Incorporated	
rame,		
Office Address:	155 Office Plaza Drive, 1st Floor	
	Tallahassee	Elevide 22301
	(City)	, Florida <u>32301</u> (Zip code)
		, ,
	gent's acceptance:	
lesignated in th	ined as registered agent and to accept serva is application. I hereby accept the appointm	ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity.
further agree to	comply with the provisions of all statutes re	elative to the proper and complete performance of my
tuties, and I am	n familiar with and accept the obligations of	my position as registered agent.
	See attached	gent's signature)
	(iveRisteted a)	Reur 2 viBugune)

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 Brigand Balleau 🦯 5201 Great America Parkway, Suite 320 Address: Santa Clara, CA 95054 Vice Chainnan: Address: Rene Stein Director: 5201 Great America Parkway, Suite 320 Address: Santa Clara, CA 95054 Ullas Naik Director: 1825 Emerson Street Address: Palo Alio, CA 94301 B. OFFICERS President: Biren Sood 🗸 Address: 5201 Great America Parkway, Suite 320 Santa Clara, CA 95054 Vice President: Biren Sood 🗸 Secretary: 5201 Great America Parkway, Suite 320, Santa Clara, CA 95054 Address: Biren Sood 1 Treasurer: 5201 Great America Parkway, Suite 320, Santa Clara, CA 95054 Address: _ NOTE: If necessary, you may attach an 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. Biren Sood, President 13.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 09/25/2019

ENTITY NAME: Instant Labs, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INSTANT 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 SEVENTEENTH DAY OF SEPTEMBER, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSTANT LABS, TO SEE THE SAID "INSTANT LABS, T

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203612553

lettrey VI. Uutlace, Secretary of State

Date: 09-17-19

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SR# 20197079203