10/14/2020 Division of Corporations H20000357567 3 Note: Please print this page and use it as a cover sheet. Type

(shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMEANY

Account Number : I20000000195 : (850)521-0821 Phone Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORAT R2 TECHNOLOGIES INC.

Certificate of Status 0 Certified Copy 0 04 Page Count \$70.00 Estimated Charge

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	COVER	LETTER		79	
TO: Registration Section Division of Corporat	ions		•		
SUBJECT: R2 Technologic	es, Inc.				
	Name of corporation	on - must includ	e suffix		
Dear Sir or Madam:			•		
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor Please return all corresponde	"Certificate of Good Sta poration to transact busin	inding" and che iess in Florida.	ck are subm		
	Name o	f Person			
	F. 10				· · · · · · · · · · · · · · · · · · ·
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	City/State	and Zip code			
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For further information conce			•	•	
100 Tarater information conc.	oning this matter, picase	can.			
	at (	)			
Name of Person	Arca Co	de Dayt	ime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Control of Tallahassac		MA LING ADDRESS: Registration Section Division of Corporations			
The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FI Tallahassee, FI. 32303			32314		
Enclosed is a check for the fe Please make check payable to.	LORIDA DEPARTMEN		<b>.</b>		
□ \$70,00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filin Certified Co		S87.50 Fi Certificat Certified	c of Status &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO LEGANS AGT 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.

(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transc	icting business in Florida)		
Delaware	3. 4	7-2464622			
(State or country under the law of which it is incorporated) 12/03/2014		(FEI number, if applicable)			
(Date of incorporation)		(Date of duration, if other than perpetual)			
11/01/2020					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)				
2603 Camino Ra	mon, Suite 200, #3, San Ramon, CA 94583				
	(Principal office	street address)			
	(Current mailing	address, if different)			
	·				
Name and street	(Current mailing et address of Florida registered agent: (P.O.				
Name and stree	·				
Name:	et address of Florida registered agent: (P.O.				
Name:	et address of Florida registered agent: (P.O. Corporation Service Company				
Name:	et address of Florida registered agent: (P.O.  Corporation Service Company  1201 Hays Street	Box <u>NOT</u> acceptable)			
Name: ffice Address:	et address of Florida registered agent: (P.O. Corporation Service Company  1201 Hays Street  Tallahassee  (City)	Box <u>NOT</u> acceptable)  —  , Florida 32301			
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee	Box <u>NOT</u> acceptable) , Florida 32301 (Zip code)			
Name:  ffice Address:  Registered agaving been namesignated in this	et address of Florida registered agent: (P.O.  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: seed as registered agent and to accept service application. I hereby accept the appointme	Box NOT acceptable) , Florida 32301 (Zip code)  tof process for the above stout as registered agent and a	ated corporation at the plagree to act in this capaci		
Name: ffice Address:  Registered ag faving been namesignated in this	et address of Florida registered agent: (P.O. Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: ned as registered agent and to accept service	Box NOT acceptable) , Florida 32301 (Zip code)  t of process for the above st out as registered agent and active to the proper and com	ated corporation at the plagree to act in this capaci		
Name: ffice Address:  Registered ag aving been namesignated in this arther agree to condition	et address of Florida registered agent: (P.O.  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: red as registered agent and to accept service application. I hereby accept the appointme omply with the provisions of all statutes relatives with and accept the obligations of my positive.	Box NOT acceptable) , Florida 32301 (Zip code)  t of process for the above st ent as registered agent and active to the proper and comition as registered agent.	ated corporation at the page to act in this capacitaplete performance of my		
Name: ffice Address:  Registered ag aving been namesignated in this arther agree to condition	et address of Florida registered agent: (P.O.  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: red as registered agent and to accept service application. I hereby accept the appointme omply with the provisions of all statutes relatives with and accept the obligations of my positive.	Box NOT acceptable) , Florida 32301 (Zip code)  to of process for the above st out as registered agent and cative to the proper and comition as registered agent.	ated corporation at the page to act in this capaci		

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.

s.817.155, F.S.

Tim Holt, VP/CEO

5/006 Fax Server

A. DIRECTORS				H20000357567 3
□Chauman	Tim Holt Name:	□Chairman	Name;	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	2603 Camino Ramon, Suite 200, #3	□Director		
□President	San Ramon, CA 94583	□President		
■ Vice President		□Vice President		
Secretary	Treasurer	□ Secretary		Treasurer
■Other	Other	Other	<del></del>	□Other
□Chairman	Name:	□Chauman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chauman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President	<del></del>	
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		☐'Treasurer
□Other	Other	☐Other		□Other
	Use an attachment to report more than six (6). The attached to the index when filing your Florida Departme	nt of State Annual Re		ourposes only. Non-indexed
100	Signature of Director o	r Officer		
	ctor signing this document (and who is listed in number			

Delaware
The First State

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "R2 TECHNOLOGIES, 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 FIFTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "R2 TECHNOLOGIES, ...
INC." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER, A.D. 2014.

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

Authentication: 203798322

Date: 10-05-20