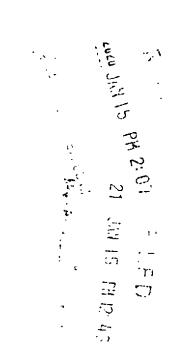
Fa100600330

(Requestors 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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 594933 8328471 AUTHORIZATION COST LIMIT : (\$ ORDER DATE : January 4, 2021 ORDER TIME : 8:34 AM ORDER NO. : 594933-060 CUSTOMER NO: 8328471 FOREIGN FILINGS NAME: CURATIVE LABS INC XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Curative Lai	os Inc			
	Name of corporati	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good St	anding" and check are sub		
Please return all correspond	dence concerning this mat	ter to the following:		
Luisa Williams				
	Name	of Person		
Curative Labs Inc				
	Firm/C	ompany		
430 South Cataract Ave				
	Ad	dress	-	
San Dimas, CA 91773				
	City/State	and Zip code		
legal@curative.com				
	E-mail address: (to be use	d for future annual report r	notification)	
For further information cor	icerning this matter, pleas	e call:		
Luisa Williams	626 at (506-4314		
Name of Person	Arca C	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable to	: FLORIDA DEPARTMEI			
□ \$70.00 Filing Fec □	3 \$78.75 Filing Fee & Certificate of Status	\$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.

11/24/2014	nder the law of which it is incorporated)	(FEI number, if appropriate (Date of duration, if other	
1/24/2014 (Date of	•	Perpetual	
(Date of	incorporation)	\	
	incorporation)	(Date of duration, if other	
01/01/2021			than perpetual)
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)
30 South Catarac	t Ave, San Dimas, CA, 91773		
	(Principal of	ffice street address)	
	(Current mail	ing address, if different)	
			- 20
Name and street a	ddress of Florida registered agent: (P	.O. Box NOT acceptable)	· ·
Name:	Corporation Service Company		12
	I201 Hays Street		· 55
ice Address: _			ساء شد 1. يا يا
_	Tallahassee	, Florida	. 지
	(City)	(Zip code)	
	's acceptance:		ဘ

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS		,				
□ Chairman	Prederick E. Turner Name:	□Chairman	Name:			
□Vice Chairman	Address: 430 South Cataract Ave	□Vice Chairman	430 South Cataract Ave			
■ Director	San Dimas CA 91773	□Director	San Dimas CA 91773			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary	□Treasurer			
□Other	Other	Other CFO	Other			
□ Chairman	Isaac Turner Name: 430 South Cataract Ave	□ Chairman	Name:			
□Vice Chairman	Address: San Dimas CA 91773		Address:			
□Director		☐ Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	Other			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□ Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	Treasurer			
Other	Other	□Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 5.817.155, F.S.

, Tami Wilson- Ciranna, Chief Financial Officer



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: CURATIVE LABS INC.

File Number: C3729328 Registration Date: 11/24/2014

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of January 13, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 14, 2021.

ALEX PADILLA Secretary of State

Certificate Verification Number: YJ2G2VY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.