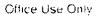
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K. Brumbley

Íncorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

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PRIORITY Regular Approval

OUR REF_# (Order_ID#) 897649

ORDER ENTITY CUREMINT, INC.

| PLEASE PERFORM THE FOLLOWING SERVICES: CUREMINT, INC. (FL) | | | | | |
|--|--|--|--|--|--|
| File the attached foreign qualification document | | | | | |

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RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerelya

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, March 9, 2021 Page 1 of

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.

| CureMint Procu | rement | | | | |
|--|--|---|-------------------|--|----------|
| | able in Florida, enter alternate corporate name a | | ng business in | Florida) | <u> </u> |
| DE 2. | | 82-2096838 | | | |
| (State or countr June 29, 2017 | y under the law of which it is incorporated) 5. | (1 ta≱ number, 11 ap | | | |
| | of incorporation) | (Date of duration, if other | than perpetua | 1) | _ |
| 201 W Main St. S | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Suite 308 Durham NC 27701 | | ity) | | - |
| | (Principal offic | e <u>street</u> address) | | | _ |
| | | | | | |
| | (Current mailing | address if different) | | | - |
| | (Current mailing | address, if different) | | | - |
| . Name and stree | | | | 20 | - |
| | et address of Florida registered agent: (P.O. | | - : | 2021: | - |
| . Name and stree | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. | | : :: | 2021 KAR | - |
| Name: | et address of Florida registered agent: (P.O. | | 1.2 2.2 2.3 | 2021 HAR 10 | · 连注 |
| Name: | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. | Box NOT acceptable) | :: | | |
| Name: | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive | Box <u>NOT</u> acceptable) | | ` > | T) |
| Name: Office Address: | t address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) | Box NOT acceptable) , Florida 32301 | | Æ 9: 3 | * TEG |
| Name: Office Address: . Registered age | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) | Box NOT acceptable) Florida 32301 (Zip code) | d corporatio | AH 9: 35 | place |
| Name: Office Address: Registered age Having been name Jesignated in this | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointm | Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated and agree | ee to act in t | ્રેક્ક ભૂગ n at the this capa | acity. |
| Name: Office Address: Registered age Having been nam Jesignated in this jurther agree to c | Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re | Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above states ent as registered agent and agrelative to the proper and complete | ee to act in t | ્રેક્ક ભૂગ n at the this capa | acity. |
| Name: Office Address: Registered age Having been nam Jesignated in this jurther agree to c | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointm | Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above states ent as registered agent and agrelative to the proper and complete | ee to act in t | ્રેક્ક ભૂગ n at the this capa | acity. |
| Name: Office Address: Registered ago Having been nam lesignated in this arther agree to co nd I am familiar | et address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes resistered accept the obligations of my positive and accept the obligations of my positive and accept the obligations of my positive accept the accep | Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated ent as registered agent and agrelative to the proper and completition as registered agent. | ee to act in t | ્રેક્ક ભૂગ n at the this capa | acity. |
| Name: Office Address: Office A | Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re | Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated ent as registered agent and agrelative to the proper and completition as registered agent. | ee to act in t | ્રેક્ક ભૂગ n at the this capa | acity. |

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.

| A. DIRECTORS | Brandon McCarty | | Tim McLoughlin |
|---|---|---|--|
| Chairman | Name: 201 W Main St, Suite 308, | ☐ Chairman | Name: 201 W Main St, Suite 308, |
| □Vice Chairman | Address: Durham, NC 27701 | ■Vice Chairman | Address: Durham, NC 27701 |
| □Director | | □Director | |
| □President | | □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 |
| □ 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: individuals may h | Use an attachment to report more than six (6). The anse added to the index when filing your Florida Department of Brank | nent of State Annual R Lon McC | leport form. |
| - | Signature of Director | or Officer | 0 |
| The officer or direction she is aware that to s.817.155. F.S. | ector signing this document (and who is listed in numb false information submitted in a document to the Depa | per 11 above) affirms t artment of State constit | that the facts stated herein are true and that he or tutes a third degree felony as provided for in |
| 13 Brandon | McCarty | | |

(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 "CUREMINT, 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 NINTH DAY OF MARCH, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUREMINT, INC."

WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2017.

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

Authentication: 202689218

Date: 03-09-21

6461988 8300 SR# 20210849341