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(Requestor's Name)				
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)	1		
PIĆK-UP	WAIT	MAIL		
(Business Entity Name)				
(Dx	ocument Number)			
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Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mayabio, LLC			
	ne of corporation -	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Stand	ling" and check are submit	Business in Florida," ted to register the
Please return all correspondence conce	rning this matter t	to the following:	
Nicole Lintner			. 25
	Name of P	erson	·
Mayabio, LLC			
	Firm/Comp	pany	₩,
5150 North Davis Hwy			
	Addres	5S	
Pensacola, FL 32503			
	City/State and	d Zip code	
Nlintner@sunlisant.com			
E-mail addre	ess: (to be used fo	r future annual report noti	fication)
For further information concerning this	matter, please ca	11:	
Nicole Lintner	801 at (803-8615	
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
Enclosed is a check for the following as Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 File Certificate	DEPARTMENT (OF STATE \$78.75 Filing Fee & • • • • • • • • • • • • • • • • • •	\$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.

1.	MAYABIO, LLC					
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"		
	(If name unavail	able in Florida, enter alternate corporate nan	ne a	adopted for the purpose of transacting business	in Flor	ida)
2.	DELAWARE		3.	86-2307870		
	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)		
4.	08/20/2020		5.			
	(Date	of incorporation)		(Date of duration, if other than perpe	tual)	
6.	03/01/2021					
	ELEO Numb that	(SEE SECTIONS 607.1501 & 607		n Florida, if prior to registration) 502. F.S., to determine penalty liability)	(70)	3
7.	2130 North Davis	s Hwy - Pensacola, FL 32503			<u>. : -</u>	<u> </u>
		(Principal c	offic	ce <u>street</u> address)	. ; (^) (^)	1
		(Current mai	lin	g address, if different)	.;; :;;	ריי. ב
8.	Name and street	et address of Florida registered agent: (F	o.º	D. Box <u>NOT</u> acceptable)	-	
	Name:	Nicole Lintner				
Office Address:		511 Phyllis Street				
		Pensacola		, Florida 32503		
		(City)		(Zip code)		

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.

(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.

A. DIRECTORS	•			
□Chairman	Name: Sunil Gupta	□Chairman	Name: Name:	
□Vice Chairman	Address: 5150 N Davis Hwy	□Vice Chairman	Address:	
Director	Pensacola, Fl 32503	□Director	Pensacola, Fl 32501	
□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		
			,	
□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 dring 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 s.817.155, F.S.

, Sunil Gupta

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAYABIO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

3494759 8300

SR# 20210862061

THE TENTH DAY OF MARCH, A.D. 2021.

Authentication: 202698995

Date: 03-10-21