F21000002537

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	ı Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



900365749799

2021 MAY -7 PM 2: 37

SECENTED



: 07 2021 2 .mple CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 797874 4311859

AUTHORIZATION : Spelle Common

COST LIMIT : \$ 70.00

ORDER DATE : May 6, 2021

ORDER TIME : 8:53 PM

ORDER NO. : 797874-005

CUSTOMER NO: 4311859

FOREIGN FILINGS

NAME: INFINITY LABS FL INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

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.

(If name unavai	lable in Florida, enter alternate corporate name a	idopted for the purpose of transacting by	usiness in Florida)
Dalauses			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applic	able)
May 5, 2021 5. (Date of incorporation) (Date of duration, if other tha		perpetual)	
	(Date first transacted business in	Florida, if prior to registration)	
1595 C Dame Com	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liability)	
	eet, Castle Rock, CO 80104		
	(Principal offic	e <u>street</u> address)	
	42	11 10 1100	
	(Current mailing	address, if different)	
		,	
Name and stre	et address of Florida repirtured agents (P.O.		202
	et address of Florida registered agent: (P.O.		2021 K;
Name and stre	et address of Florida registered agent: (P.O. Corporation Service Company		2021 KÅY -
Name:			2021 KÅY - 7
Name:	Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)	2021 KAY - 7 Mij
Name:	Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)	7 / //// 9:
Name: fice Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)		7 (1)
Name: fice Address: Registered ag	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance:	Box NOT acceptable) Florida 32301 (Zip code)	7 Mi 9:25
Name: līce Address: Registered ag ving been nam ignated in this	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: seed as registered agent and to accept services application, I hereby accept the appointment	Box NOT acceptable) Florida 32301 (Zip code) e of process for the above stated content as registered agent and agree to	rporation at the pi
Name: ice Address: Registered ag ving been nan ignated in this ther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel	Box NOT acceptable) Florida 32301 (Zip code) e of process for the above stated content as registered agent and agree to lative to the proper and complete pe	rporation at the pi
Name: fice Address: Registered ag wing been nan ignated in this ther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: seed as registered agent and to accept services application, I hereby accept the appointment	Box NOT acceptable) Florida 32301 (Zip code) e of process for the above stated content as registered agent and agree to lative to the proper and complete pe	rporation at the pi
Name: fice Address: Registered ag wing been nan signated in this ther agree to c d I am familian	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme omply with the provisions of all statutes reli- with and accept the obligations of my posi-	Box NOT acceptable) Florida 32301 (Zip code) e of process for the above stated content as registered agent and agree to lative to the proper and complete petition as registered agent.	rporation at the pi
Name: Tice Address: Registered ag aving been nan signated in this rther agree to c d I am familian	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme omply with the provisions of all statutes reli- with and accept the obligations of my posi-	Box NOT acceptable) Florida 32301 (Zip code) e of process for the above stated content as registered agent and agree to lative to the proper and complete pe	rporation at the pi

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 Name: _____ Robert Wiebe · Chairman □ Chairman 200 King Street West, Ste. 1701 200 King Street West, Ste. 1701 ☐ Vice Chairman Address: ☐ Vice Chairman Address: PO Box 57, Toronto, ON M5H 3T4 PO Box 57, Toronto, ON M5H 3T4 Director Director □ President □President □Vice President □ Vice President ■ Secretary ☐Treasurer □ Secretary □ Treasurer □Other ______ □Other ____ ☐Other _____ □Other ____ Daniel Henderson Name: Xin Zhang □ Chairman □ Chairman 200 King Street West 200 King Street West, Ste. 1701 □ Vice Chairman Address: Address: ☐ Vice Chairman Ste. 1701, PO Box 57, Toronto PO Box 57, Toronto, ON M5H 3T4 Director **■**Director ON M5H 3T4 President □President ☐ Vice President Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _ □Other ____ □Other _____ □Other Name: Benton Staab Brandon Tillman ☐ Chairman ☐ Chairman 200 King Street West 200 King Street West, Ste. 1701 □Vice Chairman Address; □ Vice Chairman Address: Ste. 1701, PO Box 57, Toronto PO Box 57, Toronto ■Director □Director ON M5H 3T4 □ President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary Treasurer □Other_CFO □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. 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.

,, Xin Zhang, Vice President

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INFINITY LABS FL 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 SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINITY LABS FL INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2021.

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



Authentication: 203146253

Date: 05-06-21