5/20/2021

To: 18506176383

Division of Corporations

19542080845



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

BioTrace Medical, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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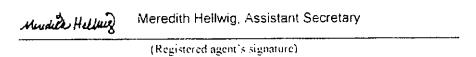
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

BioTrace Medic	eal, fne.			_
	orporation, must include "INCORPORATED," - orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	ν,"	-
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	ng business in Florida))
Delaware	3. 4	6-3689751		
(State or count)	y under the law of which it is incorporated)	(FEI number, it ap	oplicable)	
13 Sep 2013	S.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
10 May 2021				
	(Date first transacted business in F (SEE SECTIONS 607,150) & 607,1500		ity)	
3925 Bohann	on Drive, Suite 200, Menlo Park, CA 940	· ···		_
	(Principal office	<u>street</u> addicss)		
	(Current mailing	address, if different)		-
			9 44	
Name and stre	et address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)		
Name:	C T Corporation System		\$21087.20 \$1.181	
Office Address:	1200 South Pine Island Road		PH 12: 1,5	; ·
	Plantation	, Florida	. 12:	
	(City)	(Zip code)	<u></u>	

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.



^{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 of other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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A. DIRECTORS			
Chairman	Sharon Stevenson, DVM, PhD	□Chairman	Name:
⊒Vice Chairman	3925 Bohannon Dr., Ste. 200, Address: <u>Menlo Park, CA 94025</u>	∃Vice Chairman	3925 Bohannon Dr., Ste. 200, Address: Monto Park, CA, 94025
Director		Director	7-41-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
□President		□President	
Il Vice President		Tivice President	
ElSecretary	TiTreasurer	USecretary	Threasurer
∃Other		□Other	□ □Other □
□Chairman □Vice Chairman	Bob Brownell Name: 3925 Bohannon Dr., Ste. 200, Address: Menlo Park, CA 94025	□Chairman □Vice Chairman	Shilen Patel Name: 3925 Bohannon Dr., Ste. 200, Address: Menko Park, 17A, 94075
■ Director		🖼 Director	
□President		□ President	
□Vice President		☐ Vice President	
□Secretary	DTreasurer	□Secretary	□ Treasurer
□Other			Other
⊒Chairman ⊒Vice Chairman	Name: Ron Mizrahi, DDS Name: 3925 Bohannon Dr., Ste. 200, Address: Menlo Park, Ca 94025	⊒Chairman ⊒Vice Chairman	Name: Aravind Swaminathan, MD 3925 Bohannon Dr., Ste. 200, Address: Menlo Park, CA, 94025
■ Director		■ Director	
□President		_President	
Il Vice President		Il Vice President	
TSecretary	DTreasurer	TSecretary	□Treasurer
□Other	□Othe:	□Other	□Other
individuals may be occusioned. 12. Channa 42:50:02:50 The officer or dire	Signature of Directors ignite this document (and who is listed in non-	ment of State Annual Re or or Officer above) affirms th	eport form. has the facts stated herein are true and that he o
she is aware that f	alse information submitted in a document to the Dep	artment of State constitu	nes a unita degree reiony as provided for in

s.817.155, F.S.

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Attachment for 11A:

Name: Laura N. Dietch. Director, President and CEO

Address: 3925 Bohannon Drive, Suite 200, Mento Park, CA 94025

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "BIOTRACE MEDICAL, 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 THIRTIETH DAY OF APRIL, A.D. 2021.

Authentication: 203101664

Date: 04-30-21