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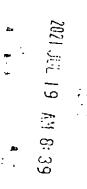
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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w21-83537				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora	tions		
SUBJECT: IQMETRIX U	SA Inc.		
SUBJECT: IQMETRIX U	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application be "Certificate of Existence," of above referenced foreign co	r "Certificate of Good St	anding" and check are sub	
Please return all corresponde	ence concerning this mat	ter to the following:	
Mr. Anson Lai (Legal)			
	Name o	of Person	
iQmetrix USA Inc.			
	Firm/Co	ompany	-
445 South Main Street - Suite	300		
	Ad	dress	
Davidson, NC 28036			
	City/State	and Zip code	
legal@iqmetrix.com			
Ė	-mail address: (to be use	d for future annual report r	notification)
For further information cond	erning this matter, pleas	e call:	
Anson Lai	at (694-8010	
Name of Person	Area Co	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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the file Please make check payable to: \$70.00 Filing Fee		NT OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

IQMETRIX US.	A Inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "COMPANY," "CORPORATION,	"
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Minnesota	3	3. 980447944	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
April 27, 2004	5		
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetu		an perpetual)
April 19, 2021			
445 South Main S	street - Suite 300	502, F.S., to determine penalty liability ice street address)	
		ng address, if different)	<u>,</u>
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. Registered Agent Solutions, Inc.		2021 JUE 19
Office Address:	155 Office Plaza Dr Suite A		
	Tallahassee	. Florida <u>32301</u>	
	(City)	(Zip code)	္ မွ

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.

Mackenzie Hart, Asst. Secretary

(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:	□ Chairman	Greg Krywulak Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 1210 - 250 Howe St.		
Director	Vancouver, BC, V6C 3R8, Canada	■ Director	Vancouver, BC, V6C 3R8, Canada		
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	□Treasurer		
Other CEO	□Other	□Other	Other		
□Chairman	Name:	□Chairman	Name:		
	1210-250 Howe St.	□ Vice Chairman			
Director	Vancouver, BC V6C 3R8, Canada	Director			
□President		□President			
□Vice President		□Vice President			
☐Secretary ☐	□Treasurer	☐ Secretary	□Treasurer		
■Other COO	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 s.817.155, F.S.

13. Greg Krywulak

Office of the Minnesota Secretary of State Certificate of Good Standing

1. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: IQMETRIX USA INC.

Date Filed: 04/27/2004

File Number: 885164-2

Minnesota Statutes, Chapter: 302A

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Home Jurisdiction: Minnesota

This certificate has been issued on: 06/22/2021

Oteve Pinn Steve Simon

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Secretary of State
State of Minnesota