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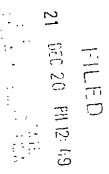
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Special Instructions to	Filing Officer:			
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RedThread Research, Inc.	
——————————————————————————————————————	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m	atter to the following:
Stacia Garr	
Nam	e of Person
RedThread Research, Inc	
Firm/	Company
118 Hillside Drive	
A	Address
Woodside, California, 94062	
City/Sta	ate and Zip code
stacia@redthreadresearch.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Danielle Johnson 801	580-9994
Name of Person Area	Code Daytime Telephone 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 following amount:  Please make check payable to: FLORIDA DEPARTM  \$\Boxed{\text{\$\text{FLORIDA DEPARTM}}}\$  \$\Boxed{\text{\$\text{\$\text{\$\text{FLORIDA DEPARTM}}}}\$  Certificate of Status	ENT OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee.  Certified Copy  Certified Copy  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. Red I hread Rese	orporation; must include "INCORPORATED,"	OCOMBANIA III OCOBBOB CTI	ON!"	
"Inc" "Co" "C	orporation; must include "INCORPORATED, forp." "Inc." "Co." or "Corp.")	COMPANT, CORPORATION	JN,	
(16	able in Florida, enter alternate corporate name ad	and for the average of transcent	ing harinag in Clasida)	
	·	• •	•	
- Camornia	3. °	3. (FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
). 118 Hillside Driv	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150) e, Woodside, California 94062		ility)	
·	(Principal office	street oddross)		
	(t meipai omee	street address;		
	(Current mailing	address, if different)		
	(current manning	address, it differently		
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Heather Arcadi			
Office Address:	10708-56th street east		· 0	
	Parrish	, Florida 34219 (Zip code)	20	
	(City)	(Zip code)		
	ent's acceptance:			
esignated in this urther agree to c	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes related and accept the obligations of my positions.	nt as registered agent and ag utive to the proper and comp	ree to act in this capacity.	
<u> </u>	leather Arcadi	onto and the second		
	(Registered agent's sign	ature)		

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	Stacia Garr Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Woodside, California 94062	□Director					
<b>⊗</b> President		□President					
□Vice President	<u> </u>	□Vice President		· ·			
□Secretary	Treasurer	☐ Secretary		□Treasurer			
Other Co-found	ler □Other	□Other		□Other			
	Danielle Johnson	□Chairman	Name				
□Chairman	Name: 4187 S Shanna St						
	Address: Salt Lake CityUT84124	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
≅Secretary	□Treasurer	☐ Secretary		Treasurer			
Co-found	ler	□Other		Other			
□Chairman	Name:	□ Chairman	Name:				
	Address:						
	Address.	[]Director	Address.				
□Director			<del></del>				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		Treasurer			
□Other	Other	□Other	<del></del>	□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.							
12							
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							

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 of 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. Stacia Garr, Co-founder & President, RedThread Research, Inc



I, SHIRLEY N, WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** 

REDTHREAD RESEARCH, INC.

File Number:

C4121263

Registration Date:

03/06/2018

**Entity Type:** 

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

**ACTIVE (GOOD STANDING)** 

As of December 1, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of December 2, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: YKMQ93Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>behirfule ses ca govicentifactioninae</u>x.