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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

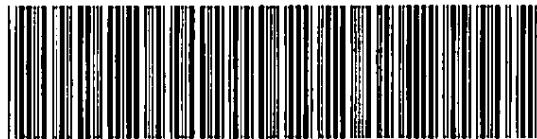
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/22--01013--029 ***87.50

2022 MAY -5 AM 5:28
Suffolk County Clerk
MAILED MASS. Filing Office

F I L E D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEETLABS, INC. Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TAX DEPARTMENT

Name of Person

SWEETLABS, INC.

Firm/Company

501 W BROADWAY, SUITE 800

Address

SAN DIEGO, CA 92101

City/State and Zip code

ELIA@SWEETLABS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EILIA HOUSER at (619) 269-0150
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 DEPARTMENT OF STATE**

\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,

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. SWEETLABS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 26-2008692

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/19/2008 5.

(Date of incorporation) (Date of duration, if other than perpetual)

6. 2/1/2021

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 W BROADWAY SUITE 800, SAN DIEGO CA 92101

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee, Florida 32301
(City) (Zip code)

SEARCHED
INDEXED
FILED
SERIALIZED
MAY 5 2022
FLORIDA
DEPARTMENT OF STATE
REGISTRATION
AND REPORTING
SECTION

2022 MAY -5 AM 6:28
FILED

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.

Melissa A. Meseau
(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: DARRIUS THOMPSON Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary _____ Treasurer _____ Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary _____ Treasurer _____ Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary _____ Treasurer _____ Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary _____ Treasurer _____ Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary _____ Treasurer _____ Other _____ Other _____ Chairman Name: _____ Vice Chairman Address: _____ Director _____ President _____ Vice President _____ Secretary _____ Treasurer _____ 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. Darius Thompson

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. DARRIUS THOMPSON, CEO

(Typed or printed name and capacity of person signing application)

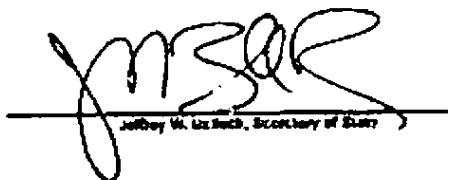
Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWEETLABS, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWEETLABS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2008.



Jeffrey W. Bullock, Secretary of State

