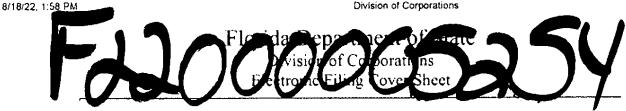
Division of Corporations



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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

JOSEPH@ALLIANCELAB.COM

FOREIGN PROFIT/NONPROFIT CORPORATION

**UP** Laboratory Inc.

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

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AUG 19 2022

p.Z

# 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	UP Laborato	ry Inc.	
	of corporation; must include "INCORPORATED," " "Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION	ON."
(If name unav	ailable in Florida, enter alternate corporate name ado	opted for the purpose of transac	ting business in Florida)
2.	New York	45-4835755	
(State or cou	March 5, 2012 5.		
	ate of incorporation)	(Date of duration, if other	er (han perpetual)
7	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 7200 W. Camino Real, Suite 330 (Principal office	2. F.S., to determine penalty liab D, Boca Raton, FL 33430	•
***************************************	(Current mailing a	address, if different)	2022 AUG 18 PM 1: 4
8. Name and st	reet address of Florida registered agent: (P.O. l	Box NOT acceptable)	618 618
Name:	Joseph Rodriguez		
Office Address	7200 W. Camino Real, Suite 330		TLOR Strike
	Boca Raton	, Florida33433	<b>売</b> る
	(City)	(Zip code)	

### 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.

Registered agent's signature) Joseph Rodriguez

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: Richard Abrazi	□ Chairman	Name:		
□Vice Chairman	7200 W. Camino Real	□Vice Chairman	Address:		
Director	Suite 330	□Director			
President	Boca Raton, FL 33433	□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
□Other	□()ther	□Other	□()ther		
□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		
		Cica	N.		
□ Chairman	Name:	Chairman	Name:		
	Address:		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	C Charge				
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.  Richard Abrazi - President					
(Typed or printed name and capacity of person signing application)					

## STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: UP LABORATORY INC.

**DOS ID Number:** 4211670

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/05/2012

Statement Status: CURRENT

Statement Due Date: 03/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF INCORPORATION

**Date of Filing:** 03/05/2012

Entity Name: UP LABORATORY INC.

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 08/16/2022

 Effective Date:
 03/01/2022

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 17, 2022 at 09:32 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon Co Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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