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PICK-UP	WAIT MAIL			
	(Business Entity Name)			
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	(Document Number)			
Certified Copies	Certificates of Status			
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K. SALY

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 994508 7848964

AUTHORIZATION : TOUR PROPERTY OF THE P

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## FILED

## 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.

(If name unavaila	ible in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida
Delawarc		87-0494518 3.
(State or country	y under the law of which it is incorporated	(FEI number, if applicable)
11/07/1997		5.
(Date	of incorporation)	5(Date of duration, if other than perpetual)
upon filing		
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
580 Howard Ave.	, Somerset, NJ 08873	
	(Principal	office <u>street</u> address)
	(Current ma	ailing address, if different)
Name and stree	t address of Florida registered agent: (	(P.O. Box NOT acceptable)
Name:	Corporation Service Company	
fice Address:	1201 Hays Street	
	Tallahassee	Florida 32301
	(City)	(Zip code)

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	Name:		
⊡Vice Chairman	580 Howard Ave.	□Vice Chairman	Address: 580 Howard Ave.		
□Director	Somerset, NJ 08873	Director	Somerset, NJ 08873		
President		□President			
□Vice President		■Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
□Other	Other	□Other	Other		
☐Director	Candice Cobb  Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	□Treasurer □		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director	•		
□President		□President			
☐ Vice President	<del></del>	□ Vice President			
☐ Secretary	□Treasurer	Secretary	☐Treasurer		
Other	Other	COther	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 yidex 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 fa s.817.155, F.S.	lse information submitted in a document to the Depa	rtment of State constitu	tes a third degree felony as provided for in		
13. Candice Col	ob, Treasurer				

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SONIC INNOVATIONS, 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 SIXTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SONIC INNOVATIONS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2022 OCT 24 AM II: 20

Jeffrey W. Budlock, Secretary of State

Authentication: 204569164

Date: 10-06-22

2814294 8300 SR# 20223716262 You may verify this certificate online at corr