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Office Use Only



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S. FRANKLIN DEC - 7 2022

COVER LETTER

~	ion of Corporations				
SUBJECT:	Elixir Lab USA Inc.				
5000001.	Name of corporation - must include suffix				
Dear Sir or M	ladam:				
"Certificate o		f Good Stand	Authorization to Transact Busines ling" and check are submitted to s in Florida.		
Please return	all correspondence concerning	g this matter	to the following:		
Dana Howell					
		Name of F	erson		
Elixir Lab US	A Inc.				
		Firm/Comp	oany		
267 Kentlands	Boulevard, Suite 5092				
Address					
Gaithersburg, MD 20878					
	· -	City/State an	d Zip code	F: 3: 12	
dana@cardina				12	
	E-mail address:	(to be used fe	or future annual report notificatio	n)	
For further in	formation concerning this ma	tter, please ca	ill:		
Dana Howell		801 .t (712-0176		
Nam	ne of Person	Area Code	Daytime Telephone Nun	nber	
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amounted payable to: FLORIDA DE lling Fee \$78.75 Filing Certificate of	PARTMENT Fee & □	\$78.75 Filing Fee & Certified Copy Certified Copy	7.50 Filing Fee, rtificate of Status & rtified 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.

١.						
•	(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION."			
	Elixir Lab Inc.					
	(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business	in Florida)		
2.	Delaware		3. 82-2663839			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	8/30/2017	5				
٦,	(Date of incorporation)		(Date of duration, if other than perpet	ual)		
6.	Have not yet tra	yet transacted business. The company is bidding on a project there and needs the certificate of authority.				
7.	267 Kentlands Bo	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) bulevard Suite 5092, Gaithersburg, MD 20878 (Principal office	2. F.S., to determine penalty liability) street address)			
		(Current mailing	address, if different)			
8.	Name and <u>stree</u>	et address of Florida registered agent: (P.O. Registered Agents Inc	Box <u>NOT</u> acceptable)	1127.2		
О	ffice Address:	7901 4th St N Ste 300		.		
		St. Petersburg (City)	Florida 33702 (Zip code)	F 3: 12		

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)

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 Thiag Loganathan Dana Howell Name: □ Chairman □Chairman 12713 Greenbriar Rd 1380 East 4500 South ☐ Vice Chairman Address: ☐Vice Chairman Address: Potomac, MD 20854 Salt Lake City, UT 84117 🖪 Director □ Director □ President President □Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer ☐Other ___ ☐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 _____ □ Chairman Name: _____ □ Chairman Name: _____ ☐ Vice Chairman □Vice Chairman 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. DWW ЦÚWUL 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. Dana Howell, CFO



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

DELAWARE, DO HEREBY CERTIFY "ELIXIR LAB USA 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 SIXTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELIXIR LAB USA INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2017.



Authentication: 204631216

Date: 10-16-22

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