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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NovoDX Corporation	
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: Name of Person	
NOVADX	
3341 W MCNab Road	
Nomphro Black 23669 City/State and Zip code	
Worres Or Caron a vivi. Or notorese beacon capi E-mail address: (to be used for future annual report notification)	tal. or
For further information concerning this matter, please call:	
War Of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: VLORIDA DEPARTMENT OF STATE	
□ \$70.00 Filing Fee S78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & 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. (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) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, K.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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 full 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 10. Attached is a certificate of existence duty 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 sustody of corporate records in the jurisdiction

under the law of which it is incorporated.

Harent A. DIRECTORS ar Amschairman □Vice Chairman Address: 🥎 □Vice Chairman Address: Director □ Director □President □President □ Vice President □Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other ____ □Other___ □Other __ □Other _ □ Chairman □Chairman | h b Road Dvice Chairman Pompano Beach + Director □Director 33069 □President □President □Vice President □Vice President Secretary □ Secretary □Treasurer ☼ Treasurer □ Other _____ □Other _____ □Other _____ □Other _____ □Chairman Name: □ Chairman ☐ Vice Chairman Address: ______ □Vice Chairman Address: □Director □ Director □President □President □Vice President _ □Vice President □Treasurer □ Secretary □ Treasurer □Secretary □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.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 th (ve) at 17ms 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 \$817.155. F.S. s.817.155, F.S.

The First State

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

DELAWARE, DO HEREBY CERTIFY "NOVODX CORPORATION" 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVODX

CORPORATION" WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER,

A.D. 2022.

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

Authentication: 202791272

Date: 02-27-23

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