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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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S. ROBERTS



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

| Date: | 04/07/2023 | |
|----------------------------|--------------------------------|-----------------|
| | Chris Vick | |
| Reference #: | 1010000 | |
| Entity Name: | DIGITAL | DIAGNOSTICS INC |
| | s of Incorporation/Authorizati | |
| 🗌 Amen | dment | |
| 🗌 Chang | ge of Agent | |
| 🗌 Reins | tatement | |
| Conve | ersion | |
| 🗌 Merge | er | |
| 🗌 Dissol | lution/Withdrawal | |
| E Fictitio | ous Name | |
| 🗸 Other | CERTI | |
| Authorized A Signature: | mount: /* \$78.75 | |

EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTER #0010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ۰,

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.

| Digital Diagnostics Inc. | | | | | | | |
|--------------------------|-----------------------------------|--|-------------------------|----------------------------------|-------------------|--|--|
| ••• | | oration: must include "INCORPORATEI ." "Inc." "Co." or "Corp.") | D." "COMPAN | Y." "CORPORATION," | | | |
| | | D | Dx Inc. | | | | |
| | (If name unavailable | in Florida, enter alternate corporate nam | e adopted for th | he purpose of transacting bus | iness in Florida) | | |
| 2. | | Delaware | 3 | 27-1800669 | | | |
| | (State or country u | nder the law of which it is incorporated) | · · | (FEI number, if applicat | ble) | | |
| 4. | S | eptember 12, 2018 | 5. | | | | |
| •• | | incorporation) | (Da | ite of duration, if other than p | perpetual) | | |
| 6. | | | | | | | |
| _ | | (Date first transacted business (SEE SECTIONS 607.1501 & 607. 210 5th Street, Suite 10 | 1502, F.S., to d | letermine penalty liability) | | | |
| 7. | | (Principal o | ffice <u>street</u> add | ress) | | | |
| | | (Current mai | ling address, if o | different) | | | |
| 8. | Name and <u>street a</u> Name: | ddress of Florida registered agent: (P Cogency Global Inc. | .O. Box <u>NOT</u> | _acceptable) | 2023 (| | |
| Ó | office Address: | 115 North Calhoun Street, Suite | 4 | | | | |
| | | Tallahassee, Florida | , Florid | da 32301 | | | |
| | - | (City) | | (Zip code) | 1 .0 | | |

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.

/s/ Kathie M Fleck Assistant Secretary on behalf of Cogency Global Inc.

(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.

•.

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A. DIRECTORS

| Chairman | Name: | John Bertrand | 🗇 Chairman | Name: _ | Michael Abramoff |
|-------------------|---|--|---------------------|--------------------|---------------------------|
| ⊡Vice Chairman | | 210 5th Street | □Vice Chairman | | 210 5th Street |
| Director | | Coralville, IA 52241 | Director | | 3. Coralville, IA 52241 |
| □President | | | President | <u> </u> | |
| □Vice President | | | □Vice President | | |
| Secretary | | Treasurer | □Secretary | | □Treasurer |
| Other | |]Other | Chief Sc | ientific Officer | ⊡Other |
| □Chairman | Name: | Seth Rainford | □Chairman | Name: | |
| | | 210 5th Street | □Vice Chairman | | |
| Director | | Coralville, IA 52241 | Director | | |
| President | | | □President | | |
| ☐Vice President | ··· _··· _··· ··· ··· ··· ··· ··· ··· · | <u></u> | □Vice President | | |
| □Secretary | | □Treasurer | Secretary | | □Treasurer |
| Chief Of | perating Officer |]Other | □Other | <u> </u> | □Other |
| ⊡Chairman | Name: | | □Chairman | Name: | |
| □Vice Chairman | Address: | | □Vice Chairman | Address: | |
| Director | | <u> </u> | Director | | |
| □President | | <u></u> | □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 attac | hment will be image | d for reporting pu | irposes only. Non-indexed |

when filing your Florida Department of State Annual Report form. individual

JOHN BERTRAM

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

JOHN BERTRAND, CHIEF EXECUTIVE OFFICER

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

13. _

12.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGITAL DIAGNOSTICS 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 THIRTIETH DAY OF MARCH, 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 "DIGITAL DIAGNOSTICS INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

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



Authentication: 203040633 Date: 03-30-23

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SR# 20231219528 You may verify this certificate online at corp.delaware.gov/authver.shtml