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To:

Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.
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FOREIGN PROFIT/NONPROFIT CORPORATION SYMBOL ROBOTICS INC.

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To:

COVER LETTER-

Division of Corporations			
SUBJECT: SYMBOL ROBOTICS INC.			
	oration - must i	nclude suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of God above referenced foreign corporation to transact	od Standing" ar	d check are submitte	
Please return all correspondence concerning this	matter to the fe	ollowing:	
Cheyenne Moseley		·	
Na Na	ime of Person		
Legalzoom.com, Inc.			
Fir	m/Company		
101 N Brand Blvd 11th Fl			
	Address	····- <u>·</u>	
Glendale, CA 91203			
· City/	State and Zip c	ode -	
paulo@symbolrobotics.com	·	٠,	
E-mail address: (10 be	used for future	annual report notific	ation)
For further information concerning this matter, p	olease call:	,	
Cheyenne Moseley at (800	0 773-0	0888	
Name of Person Are	ea Code ,	Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	nations
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$70.00 Filing Fee \$\sum_{\text{S}}\$ \$578.75 Filing Fee & Certificate of Statu	ቄ 🗎 \$78.75		\$87.50 Filing Fee, Certificate of Status & Certified Copy

2012/10/11 0000 1000

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 c	OTICS INC. Corporation; must include "INCORPORATED,	" "COMPANY." "CORPORATION."		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	, , , , , , , , , , , , , , , , , , ,		
	· •			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	pusiness in Florida)	
Delaware	3	92-3966042		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
<u> 5/1/0023</u>	5. of incorporation)	(Date of duration, if other that		
(Date	of incorporation)	(Date of duration, if other than	n perpetuar)	
1635 Walnut Ave	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 e, Winter Park, FL 32789	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
		ice street address)		
	(2.7,1.1,1.1)			
AS NAME OF THE PARTY OF THE PARTY WAS ASSESSED.	(Current mailin	ng address, if different)		
. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	2023	
Name:	Paulo Camasmic		2023 JUN -	
ifice Address:	1635 Walnut Ave	MALESTROPHI AN		
,	Winter Park	, Florida <u>32789</u>	PH 4:	
	(City)	· (Zip code)	r 💍	
laving been nam esignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointn omply with the provisions of all statutes re with and accept the obligations of my pos	nent as registered agent and agree to elative to the proper and complete p	o act in this capacity	
	The Home	Paulo Camasmie	_	
	(Registered agent's si	gnature)		

^{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	Rafaela Grabert Name:	□Chaicnan	Name: Paulo Camasmie	
□ Vice Chairman	Address:	□Vice Chairman	Address: 1635 Walnut Ave	
□Director	Winter Park, FL 32789	Director	Winter Park, FL 32789	
□ President		President	-	
■ Vice President	·	□Vice President		
□ Secretary	☐ Treasurer	Secretary	■ Treasurer	
□Other	□Other	□Other		
☐ Chairman	Name:	□ Chairman	Name:	
□ Vice Chainnan	Address:	□ Vice Chairman	Address:	
□Director		Director		
□President		□ President		
□ Vice President		□ Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
□Chairman	Nanie:	□ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□ President		
□ Vice President		☐Vice President		
☐ Secretary	☐ Treasurer	□ Secretary	Treasurer	
Other	□Other	□Other	Other	
individuals may be	ise an attachment to report more that roofs). The atta added to the index when filing your fifting Department	chment will be imaged int of State Annual Re	I for reporting purposes only. Non-indexed port form.	
12.	Signature of Director of	r Officer		
she is aware that fa- s.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Depart smile. President			



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

DELAWARE, DO HEREBY CERTIFY "SYMBOL ROBOTICS 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 TWENTY-FIFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMBOL ROBOTICS INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2023.

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

Authentication: 203424729

Date: 05-25-23