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## **COVER LETTER**

ТО:		ration Section on of Corporations			
SUBJI	ECT:	First Ascent Biomedical Inc.			
2020.		Name of	corporation	- must include suffix	
Dear Si	ir or Ma	adam:			
"Certif	icate of	'Application by Foreign Cor 'Existence,' or "Certificate of the foreign corporation to tra	of Good Stand	ding" and check are subr	
Please	return a	all correspondence concernin	g this matter	to the following:	
Tom Gr	ras-Flyn	n			
			Name of I	Person	
Nelson	Mullins				. <u> </u>
•			Firm/Com	pany	
201 177	TH STR	EET NW			
			Addre	SS	
ATLAN	ντΑ, G	A 30363			
			City/State ar	nd Zip code	
tom.gra	sflynn@	nelsonmullins.com			
		E-mail address:	(to be used for	or future annual report n	otification)
For fur	ther inf	formation concerning this ma	tter, please ca	all:	
Tom Gr	Tom Gras-Flynn			_) 322-6223	
	Name	of Person	Area Codo	: Daytime Teleph	none Number
	Regist Divisi The C	CET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 bassec, FL 32303	:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection prporations
Please r		check for the following amount to: FLORIDA DE ing Fee S78.75 Filing Certificate of	PARTMENT Fee & □	OF STATE S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, 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.

(If name unavail	able in Florida, enter alternate corporate name ac		ess in Florida)
Delaware	್ರ ್ರ	2-2437952	<del></del>
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	2)
6/24/2021	5.		
(Date	of incorporation)	(Date of duration, if other than per	petual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501		
1421 SW 101	th Ave #427, Miami, FL 33174		
		street address)	
Name and stree	et address of Florida registered agent: (P.O. Registered Agents Inc.	Box NOT acceptable)	
		Box <u>NOT</u> acceptable)	202:
Name:	Registered Agents Inc.		
Name:	Registered Agents Inc. 7901 4th Street N, Ste 300	Box NOT acceptable)  , Florida 33702 (Zip code)	
Name:  ffice Address:  Registered agivening been namessignated in this	Registered Agents Inc.  7901 4th Street N, Ste 300  St. Petersburg	, Florida 33702 (Zip code)  of process for the above stated corpoent as registered agent and agree to ac	2023 MAY 25 PHE pla

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.



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

DELAWARE, DO HEREBY CERTIFY "FIRST ASCENT BIOMEDICAL 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 EIGHTEENTH DAY OF MAY, 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 "FIRST ASCENT BIOMEDICAL INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203379523

Date: 05-18-23