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COVER LETTER

	Registration Section Division of Corporations			
SURIE	ECT: Mixlab, Inc.			
усваг	Name	of corporation -	must include suffix	
Dear Si	r or Madam:			
"Certifi	closed "Application by Foreign C cate of Existence," or "Certificat eferenced foreign corporation to	e of Good Stand	ing" and check are subm	
Please r	return all correspondence concern	ning this matter t	o the following:	
Rita	Peyem			
•		Name of P	erson	
Mixla	ab, Inc.			
		Firm/Comp	any	
336	W 37th St. Suite 85	0		
		Addres	s	
New	York, NY 10018			
		City/State and	d Zip code	
rita@	mixlab.com			
	E-mail addres	ss: (to be used fo	r future annual report no	tification)
For furt	her information concerning this	matter, please ca	11:	
Rita	Peyem	at (908	, 259-4316	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please m	ed is a check for the following an make check payable to: FLORIDA I 00 Filing Fee	DEPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 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 unavails	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usiness in Florida)
Delaware	3	38-4033378	
(State or countr 3-28-201	y under the law of which it is incorporated)	(FEI number, if applic	cable)
	of incorporation)	(Date of duration, if other than	n perpetual)
<u>n/a</u> 3880 N 28		in Florida, if prior to registration) 1502, F.S., to determine penalty liability) 33020	
· ·		fice street address)	
336 W 37t	h St. Suite 850, New York, I	NY 10018	
	(Current mail	ing address, if different)	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2023 JUH - 1
Name:	Registered Agents Inc		
fice Address:	7901 4th St N STE 300		-
	St. Petersburg	, Florida 33702	PN 2: 47
	(City)	(Zip code)	
aving been nan esignated in this orther agree to c	ent's acceptance: ned as registered agent and to accept served as registered agent and to accept served application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my provided Apents	tment as registered agent and agree t relative to the proper and complete p	orporation at the pl to act in this capaci
7	Duvid Scherts		
_	<u></u>	The state of the s	-

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.

□ Chairman	Name: Frederic Dijols	□Chairman	Name:
	Address: 2223 Federal Ave		
☐Vice Chairman	Los Angeles, CA 90064		Address:
□Director	<u> </u>	□Director	
☑ President		□President	
□Vice President		□Vice President	
Z Secretary	☐ Treasurer	☐ Secretary	Treasurer
ØOther CEO	Z Other CFO	□Other	□Other
□Chairman	Name: Keith Levy	□ Chairman	Name:
□Vice Chairman	Address: 3722 N Wayne Ave	□Vice Chairman	Address:
☑ Director	Chicago, IL 60613	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐'Treasurer
□Other	Other	□Other	Other
☑ Chairman	Name: Edward Kim	□Chairman	Name:
□Vice Chairman	2228 Glencoe Ave	□Vice Chairman	Address:
Director	Venice, CA 90291	Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
	Use an attachment to report more than six (6). The an added to the index when filing your Florida Depart	ment of State Annual R	
	Signature of Directo		
The officer or direct	ctor signing this document (and who is listed in num alse information submitted in a document to the Dep	ber 11 above) affirms the	hat the facts stated herein are true ar



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

DELAWARE, DO HEREBY CERTIFY THAT "MIXLAB, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED;

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017, AT 5:12 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTIETH DAY OF APRIL, A.D. 2019, AT 11:13 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE THIRD DAY OF AUGUST, A.D. 2020,
AT 11:07 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE THIRTIETH DAY OF APRIL, A.D. 2021, AT 9:04 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF NOVEMBER,

A.D. 2022, AT 10:25 O'CLOCK A.M.

ANY SOUTH AND AN

Authentication: 202903531

Date: 03-13-23

Page 2



AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "MIXLAB, INC.".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIXLAB, INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017.

A CONTROL OF THE PARTY OF THE P

Authentication: 202903531

Date: 03-13-23