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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | Certificates of | of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| QAI LABS, INC | · · | | | | |
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| | | | | | File Set |
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| | | | | Art of Inc. File | |
| | | | | LTD Partnership File | |
| | | | | Foreign Corp. File | |
| | | | | L.C. File | |
| | | | | Fictitious Name File | |
| | | | | Trade/Service Mark | |
| | | | | Merger File | |
| | | | | Art. of Amend. File | |
| | | | | RA Resignation | |
| | | | | Dissolution / Withdrawal | |
| | | | | Annual Report / Reinstatement | |
| | | | <u> </u> | Cert. Copy | |
| | | | | Photo Copy | |
| | | | | Certificate of Good Standing | |
| | | | | Certificate of Status | |
| | | | <u></u> | Certificate of Fictitious Name | |
| | | | | Corp Record Search | |
| | | | | Officer Search | |
| | | | | Fictitious Search | |
| Signature | | | | Fictitious Owner Search | _ |
| J. G. Harring | | | | Vehicle Search | |
| | | | | Driving Record | |
| Requested by: SETH | 06/15/23 | | | UCC 1 or 3 File | |
| Name | Date | Time | | UCC 11 Search | |
| Name | Date | THIC | | UCC 11 Retrieval | |
| Walk-In Thom issue GA 8/00 | Will Pick Up | | | Couriet | |

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------|--|------------------------|---|---|
| SUBJ | ECT: QALLABS, INC. | | | |
| | | Name of corporation | - must include suffix | |
| Dear S | Sir or Madam: | | | |
| "Certi | nclosed "Application by Fore ficate of Existence," or "Cert referenced foreign corporation | ificate of Good Star | ding" and check are sub | |
| Please | return all correspondence co | oncerning this matter | to the following: | |
| JACK' | Y VILLALOBOS | | | |
| | | Name of | Person | |
| FILEJI | ET INC. | | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Con | ıpany | |
| 10440 | PIONNER BLVD STE 8 | | | |
| | | Addr | ess | |
| SANT | A FE SPRINGS, CA. 90670 | | | |
| | | City/State a | nd Zip code | |
| REGIS | STEREDAGENT@FILEJET.CO | | | |
| | E-mail a | iddress: (to be used | for future annual report i | notification) |
| For fu | rther information concerning | this matter, please of | rall: | |
| JACK | Y VILLALOBOS | 949 at (| 259-5955 | |
| | Name of Person | Area Cod | 259-5955 Daytime Telep | hone Number |
| | STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303 | | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 |
| Please | | IĎA DEPARTMENT | TOF STATE \$ \$78.75 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.

| 1. | . QALLABS, IN | | | | |
|---|--|--|-----------------------------|---|---|
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") | | | | | |
| | (16 | All in Classic | | | |
| | (II name unavaila | able in Florida, enter alternate corporate n | | | |
| 2. | • | | _ 3 | 93-1847279 (FEI number, if applicab | |
| | (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 4. | 06/12/2023 | | 5. | | |
| | (Date of incorporation) | | | (Date of duration, if other than perpetual) | |
| 6. | | | | | |
| | | | | orida, if prior to registration) | |
| | | (SEE SECTIONS 607.1501 & 6 | 07.1502. | F.S., to determine penalty liability) | |
| 7. | _215 NW 24th ST | TREET SUITE 700. MIAMI, FL, 33127 | | | |
| | | (Principa | l office <u>s</u> | street address) | |
| | | (Current n | nailing a | ddress, if different) | |
| 8. | | et address of Florida registered agent: | (P.O. B | ox <u>NOT</u> acceptable) | 2023 (ICH |
| | Name: | Filejet INC. | | <u> </u> | 5 7 |
| О | Office Address: | 625 E. Twiggs St. Ste 110 | | _ | 5 <u>1 </u> |
| | | Tampa | | , Florida <u>33602-3931</u> | ` يې ر |
| | | (City) | | (Zip code) | 14 |
| 9 | Registered age | ent's accentance | | | |

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.



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. JDIRECTORS (1) Name: Chester Ng □ Chairman Name: HEALEY CYPHER ☐ Chairman □ Vice Chairman Address: 1 Letterman Drive, Suite C3500 ☐ Vice Chairman Address: 1 LETTERMAN DRIVE, SUITE □ Director San Francisco, CA, 94129 ☐ Director SAN FRANCISCO, CA, 94129 President □ President □Vice President ☐ Vice President □ Secretary □Treasurer 図Secretary Treasurer □Other ___ □Other _____ □Other □Other _____ Name: KRISTIN SCHAEFER □ Chairman Name: Chester Ng Chairman Address: 1 Letterman Drive, Suite C3500 □Vice Chairman Address: 1 LETTERMAN DRIVE, SUITE ☐ Vice Chairman SAN FRANCISCO, CA, 94129 □ Director San Francisco, CA, 94129 2 Director □President □President □ Vice President □ Vice President ☐ Secretary ☑ Treasurer ☐ Secretary ☐ Treasurer □Other _____ Other _____ □ Other _____ □Other _____ Name: Jack Abraham ☐ Chairman □ Chairman Name: □Vice Chairman Address: 1 Letterman Drive, Suite C350 ☐ Vice Chairman Address: San Francisco, CA, 94129 ☑ Director □ Director □ President President □Vice President _____ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other □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 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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "QAI LABS, 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 FOURTEENTH DAY OF JUNE, A.D. 2023.

Authentication: 203546659

Date: 06-14-23