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## FOREIGN PROFIT/NONPROFIT CORPORATION

McQueen Labs Inc.

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

"Inc.," "Co.,"	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATI	ON,"
(If name unava	ilable in Florida, enter alternate corporate name	1	
Delawate	Distribute corporate name	adopted for the purpose of transact	ing business in Florida)
(State or cour	tru under she fare a California de la Ca	<u> </u>	
6/21/2023	try under the law of which it is incorporated)	(FEI number, if	applicable)
(Dat	to of incorporation)	(Date of duration, if other	than nemetical)
			ama perpetuar)
300 E Las Olas	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Blvd, 4th floor, Fort Lauderdale FL 33301 (Principal offic	U2, F.S., to determine penalty liabi	lity)
300 E Las Olas	Blvd, 4th floor, Fort Lauderdale FL 33301  (Principal office	U2, F.S., to determine penalty liabi	
300 E Las Olas	Blvd, 4th floor, Fort Lauderdale FL 33301  (Principal office	U2, F.S., to determine penalty liabi	
	Blvd, 4th floor, Port Lauderdale FL 33301  (Principal office  (Current mailing	U2, F.S., to determine penalty liabilities street address)  address, if different)	
	Blvd, 4th floor, Fort Lauderdale FL 33301  (Principal office	U2, F.S., to determine penalty liabilities street address)  address, if different)	2023 DEC -1 SECRETARY TALLAHAS
lame and <u>stre</u> Name:	Blvd, 4th floor, Port Lauderdale FL 33301  (Principal office  (Current mailing	U2, F.S., to determine penalty liabilities street address)  address, if different)	2023 DEC -1 PH SECRETARY OF TALLAHASCE
Name and stre	Blvd, 4th floor, Port Lauderdale FL 33301  (Principal office  (Current mailing  et address of Florida registered agent: (P.O.  Corporate Creations Network Inc.	U2, F.S., to determine penalty liabilities street address)  address, if different)	2023 DEC -1 SECRETARY TALLAHAS

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ □ Chairman Name: □ □ Vice Chairman Address: □ Vice Chairman Address: □ □ Vice Chairman Address: □ □ Vice Chairman Address:		Name: Brad Morris  Address: 2300 E Las Olas Blvd, 4th floor Fort Lauderdale FL 33301     Treasurer     Other     Name:     Address:
□ Director  □ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ CEO □ Other □ Chairman □ Name:	□ Director  □ President □ Vice President ■ Secretary □ Other □ Chairman □ Vice Chairman	Fort Lauderdale FL 33301  ☐Treasurer  ☐Other  Name:
□ President □ Vice President □ Secretary □ Treasurer □ Other □	☐ President ☐ Vice President ☐ Secretary ☐ Other ☐ Chairman ☐ Vice Chairman	□Treasurer □Other
□ Vice President □ Secretary □ Treasurer □ CEO □ Other □ □ Other □ □ Chairman Name: □	□ Vice President  ■ Secretary  □ Other  □ Chairman  □ Vice Chairman	□Treasurer □Other
□Secretary □Treasurer  CEO □Other □Other □ □Chairman Name: □	Secretary  Other  Chairman	□Treaswer □Other Name:
Other Other	Other	□Treaswer □Other Name:
□Chairman Name:	⊒Chairman ⊒Vice Chairman	Name:
	IVice Chairman	
	IVice Chairman	
-		Aumess:
□ Director		
President	President	
Ci Vice President		
O Socretary Tr	Vice President	
- 2.10mmm,	]Secretary	□Treasurer
COther	Other	Other
□Chairman Name:	iChairman }	Name:
□Vice Chairman Address:		Address:
□p:	Director	
President	President	
TW-Parkton	Vice President	
	Secretary	☐ Treasurer
□ Other □	Other	Other
Important Notice: Use an attachment to report more than six (6). The attachme individuals may be added to the index when filing your Florida Department of	nt will be imaged f State Annual Repo	On annuation assumption as the Contract of the
12		<u> </u>
The officer or director signing this document (and who is listed in number 11 as the is aware that false information submitted in a decument in the same of the sa	icer	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MCQUEEN 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 THIRTIETH DAY OF NOVEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCQUEEN LABS INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2023.

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

Authentication: 204700488

Date: 11-30-23

7526811 8300 SR# 20234102834

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