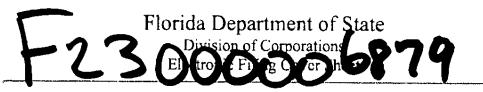
12/12/23, 3:15 PM

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: <u>USTAX@LUMANITY.COM</u>

FOREIGN PROFIT/NONPROFIT CORPORATION LUMANITY INC.

Certificate of Status	0
Certified Copy	1
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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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Lumanity Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than pemetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 790 Township Line Rd, Suite 200 Yardley, PA 19067 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 9. Registered agent's acceptance: 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.

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(Registered agent's signature)

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]:

•	Page: 4 of 5	2023-12-12 14:22:48 CST	•	16144554862	From: J
A. DIRECTORS	5				
□Chairman	Name: Jon Williams		□Chairman	Michae Name:	l Bernstein
□Vice Chairman	790 Township	Lina Dd. Cuita 200	□Vice Chairman		Township Line Rd, Suite 200
□Director	Yardley, PA 19067		Director	Yardley, PA 1	
□President			□ President		
□Vice President			□ Vice President		
☐ Secretary	□Trea	Surer	☐ Secretary		☐Treasurer
□Other CEO	(I)Othe	r	Other		□Other
□Chairman	Name: Eugene Gorbach		⊡Chairman	Name:	
□Vice Chairman	790 Townshin		□ Vice Chairman		
□Director	Yardley, PA 19067		Director		
□President			□ President		
		, <u>, , , , , , , , , , , , , , , , , , </u>	□ Vice President		
Secretary	□Treas		☐ Secretary		□Treasurer
□Other	— · ···		□ Other		Other
			-	· 	
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman	Address:	- ·	□Vice Chairman	Address:	
□Director			□Director		
□President			□President		
□Vice President			∃Vice President		
□ Secretary	□Treas	urer (Secretary		□Treasurer
□Other	①Other		Other		□Other
Important Notice: individuals may be	Use an attachment to report added to the index when fi	more than six (6). The attachr ling your Florida Department	nent will be imaged of State Annual Re	1 for reporting pu	rposes only. Non-indexed
		s/ JON WILLIAMS			
		Signature of Director or C	fficer		
The officer or direction is aware that fa	ctor signing this document (and who is listed in number 1 n a document to the Departme	l above) affirms the nt of State constitue	at the facts stated tes a third degree	herein are true and that he or felony as provided for in

s.817.155, F.S.

13. JON WILLIAMS, CEO

(Typed or printed name and capacity of person signing application)

To:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUMANITY 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 TWELFTH DAY OF DECEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

7850108 8300 SR# 20234197031

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

Authentication: 204789009

Date: 12-12-23