## F23000007091

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
·	•	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
	-	

Office Use Only



100419579281

2023 DEC 27 PH 4: 28

RECEIVED

DEC 27 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date	12/22/2023			
Name:				
Reference #	2040446			
Entity Name	e CRI	JCIBLE LABS INC.		
✓ Articl	es of Incorporation/Authoria	zation to Transact Business		
Amei	ndment			
Change of Agent				
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
☐ Othe	Γ			
Authorized	Amount: \$70.00			

## 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.

	corporation; must include "INCORPORATED forp," "Inc," "Co." or "Corp.")	," "COMPANY," "CORPORATION,"	
inc., Co., C	corp. (ne. Co. or Corp.)		
Crucible Build			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)
2. Delaware	3		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 12/15/2023	5.		
	e of incorporation)	(Date of duration, if other than perp	oetual)
6.			
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 121 S. Orange A	ve., Suite 1583, Orlando, FL 32801		
		fice street address)	
			20
	(Current maili	ng address, if different)	
			IN DEC 27
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	27
Name:	Zachary Sadowsky		PH
0.00	121 S. Orange Ave., Suite 1583		 
Office Address:	Orlando	32801	26
	(City)	. Florida 32801 (Zip code)	
	(Chy)	(isip code)	
	gent's acceptance:	in the second control of the second second second	
		ice of process for the above stated corpor ment as registered agent and agree to act	
further agree to c	comply with the provisions of all statutes	relative to the proper and complete perfo	
and I am familia	r with and accept the obligations of my po	osition as registered agent.	
	— DocuSigned by	r.	
	Each Sad	lowsky	
_	(Registered agent's s	saes signature)	

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

under the law of which it is incorporated.

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

## A. DIRECTORS Lian Niu Zachary Sadowsky □Chairman Name: Name: □ Chairman 150 E. Robinson Street 524 E. Hillcrest Street ☐ Vice Chairman Address: □ Vice Chairman Address: Alamonte Springs, FL 32701 Unit 1214 Director ■ Director Orlando, FL 32801 □President President □ Vice President □Vice President □Treasurer ■ Secretary ■ Treasurer ☐ Secretary □Other ☐Other \_\_\_\_\_ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Name: □Chairman □ Chairman Name: Address: □Vice Chairman □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □ President □President □Vice President \_\_\_ □Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □Chairman Name: □Vice Chairman □Vice Chairman Address: Address: □Director Director □President □President □ Vice President \_\_\_ □Vice President □Secretary □ Secretary □Treasurer □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.

	— DocuSigned by:	
12.	Earl Sadowsky	
٦	CE48C8EEE2234F8	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.

Zachary Sadowsky, President

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CRUCIBLE 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 TWENTY-SECOND DAY OF DECEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRUCIBLE LABS"

INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204897194

Date: 12-22-23

2777601 8300 SR# 20234320642