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

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JAN 0 4 2024 K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/3/2024	_			**WALK IN**
ENTITY NAMEARTIL	IS INC.			
DOCUMENT NUMBER				
	PLEASE FILE THE	ATTACHED AND R	ETURN	
XXXX	Plain Copy Certified Copy			
	Certificate of Status			
*	*PLEASE OBTAIN THE FO	LLOWING FOR THE P	ABOVE ENTITY**	
	Certified Copy of Arts			
	Certificate of Good Stan		CATION**	
COUNTRY OF DESTINA NUMBER OF CERTIFICA				
TOTAL OWED \$70.00)		NT #: I2016000007	72
Please call Tina at	the above number for a	-	rns. Thank you s	eo much!

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Artius Inc.			
Name of co	rporation - mus	t include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to transactions."	Good Standing"	and check are subn	
Please return all correspondence concerning the	nis matter to the	following:	
Sharon Urban			
	Name of Persor	1	
Harbor Compliance			
	irm/Company		
1830 Colonial Village Lane			
	Address		
Lancaster, PA 17601			
Ci	ty/State and Zip	code	
surban@harborcompliance.co			
E-mail address: (to	be used for fut	ure annual report no	otification)
For further information concerning this matter	r, please call:		
Sharon Urban	717 2	29-0387	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA 7 \$70.00 Filing Fee Certificate of St	RTMENT OF S $e \& \Box S78$.	TATE 75 Filing Fee & tified 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.

CA	able in Florida, enter alternate corporate name ad		
CA (State or countr	y under the law of which it is incorporated) 3	(FEI number, if applic	able)
	1.0		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
o	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)	
8880 Rio S	San Diego Drive Ste 800, San (Principal office		
	(Chile the Chile	<u>svecu</u> uddress,	_
	(Current mailing	address, if different)	7024
3. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	024 JAN -3 PM 12: 48
Name:	Registered Agents Inc	<u> </u>	8 P.
Office Address:	7901 4th St N STE 300	_	112:
	St. Petersburg	, Florida 33702	8. L
	(City)	(Zip code)	
Taving been nan lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and agree t ative to the proper and complete p	o act in this capacity.
-1	Dunid X Aports		
<	127119 ()		

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 Theophilus Tor Name: Chairman Chairman 8880 Rio San Diego Dr Ste 800 Address: □ Vice Chairman Address: _____ □Vice Chairman San Diego, CA 92108 □ Director □ Director □President □Vice President ☐ Vice President ☐ Treasurer □ Treasurer □Secretary ☐ Secretary □Other □Other _____ Other _____ □Other _____ Name: Dr. Merton Stennis Bruce □ Chairman Chairman Name: ______ 8880 Rio San Diego Dr Ste 800 ☑Vice Chairman Address: □ Vice Chairman Address: San Diego, CA 92108 □ Director □ Director President □ President ☐ Vice President □Vice President ☐Treasurer ☐ Treasurer □ Secretary **V**iSucretary □Other____ Other_____ [] Other _____ □Other ______ Name: Daniel Tor Name: _ □ Chairman □Chairman 8880 Rio San Diego Dr Ste 800 Address: Address: □Vice Chairman □ Vice Chairman San Diego, CA 92108 □ Director □ Director □President □ President □ Vice President □ Vice President □ Secretary ☐Treasurer **Z**Treasurer □ Secretary Other _____ □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. 12. /s/ Dr. Merton Stennis Bruce 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

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$8.817.155, E.S.

_{13.} Dr. Merton Stennis Bruce, Vice Chair



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: ARTIUS
Entity No.: 4753320
Registration Date: 10/02/2018

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

CTLIFORNA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 29, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 169419031

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.