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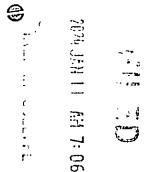
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT: Waylens, Inc.				
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good St	anding" and check are st		
Please return all corresponde	nce concerning this matt	er to the following:		
Haowei Zhang				
	Name o	of Person		
Waylens, Inc.				
	Firm/Co	mpany	<del></del>	
465 Waverley Oaks Rd. Suite -	117			
	Ado	lress		
Waltham, MA 02452				
	City/State	and Zip code		
accounting@ waylens.com				
E-	mail address: (to be used	I for future annual report	notification)	
For further information cone	erning this matter, please	call:		
Maria Castellano	at (	981-3456	981-3456	
Name of Person	Area Co		phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of C P.O. Box 63:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the for Please make check payable to: I  \$\Pi\$ \$70.00 Filing Fee \$\Pi\$	FLORIDA DEPARTMEN	T OF STATE  ☐ \$78.75 Filing Fee & Certified 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.

1. waytens, inc.				
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY." "CORPORATION	DN,"	
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transact	ing husiness in Florida)	
Dalonoro	•	• •	_	
2. (State or countr	$\frac{1}{2}$ y under the law of which it is incorporated)	7-2163295 (FEI number, if applicable)		
10/24/2014				
(Date	(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
6.				
7O	(SEE SECTIONS 607.1501 & 607.1502 aks Road, Suite 417, Waltham, MA 02452 (Principal office			
	(Current mailing a	address, if different)		
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. I Registered Agent, Inc.	Box <u>NOT</u> acceptable)	2024 JAN	
Office Address:	7901 4th St. N., Suite 300	_	· · ·	
	St. Petersburg	. Florida 33702		
	(City)	(Zip code)	MH 7: 06	

## 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.

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.

A. DIRECTORS	•		
□Chairman	Name: Haowei Zhang	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Weston, MA 02493	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	Treasurer	□Secretary	□Treasurer
□ Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President	<del></del>	□President	
□ Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
Important Notice: Uindividuals may be	Ise an attachment to report more than six (6). The added to the index when filing your Florida Department	artment of State Annual Rep	for reporting purposes only. Non-indexed port form.
12	Anle		
sile is aware that tail s.817.155, F.S.	Signature of Director signing this document (and who is listed in nuse information submitted in a document to the December 1.	umber 11 above) affirms that epartment of State constitute	es a third degree felony as provided for in
13	Haowei Zhan (Typed or printed name and capacity of	person signing application)	



Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT "WAYLENS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2014, AT 3:08 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SIXTH DAY OF FEBRUARY,
A.D. 2015, AT 8:19 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE SECOND DAY OF AUGUST, A.D. 2016, AT 12:05 O'CLOCK P.M.

CERTIFICATE OF REVIVAL, FILED THE FOURTH DAY OF MAY, A.D. 2021,
AT 1:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "WAYLENS, INC.".

Authentication: 204791187

Date: 12-12-23

5623991 8310 SR# 20234021179