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To:

Division of Corporations

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:					

FOREIGN PROFIT/NONPROFIT CORPORATION TRANSCEND LABS INC.

Certificate of Status	()
Certified Copy	1
Page Count	()4
Estimated Charge	\$78.75

From: David Thomas

DocuSign Envelope ID. 20BC1CAB-1C25-458F-AB5C-1BC59E07C68B

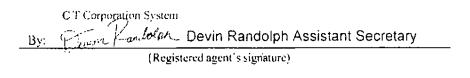
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	Inc. orporation: must include "INCORPORATI orp," "Inc." "Co." or "Corp.")	11)."				
	able in Florida, enter alternate corporate nar	ne a	dopted for the purpose of transacting business in Fl	orida)		
Delaware	y under the law of which it is incorporated)	3.	93-3023169			
08/16/2023		5.	(FEI number, if applicable)			
(Date	of incorporation)	•	(Date of duration, if other than perpetual)			
6						
7 <u>2519 Hunters Ru</u> 7	n Way, Weston, FL 33327 (Principal	offi	ce street address)	****		
	(Current ma	ailin	g address, if different)			
8 Name and <u>stree</u> Name:	et address of Florida registered agent: (OT Corporation System	P.O	. Box <u>NOT</u> acceptable)	833 L707		
Office Address:	1200 South Pine Island Road			19		
	Plantation		FL 33324	AH 10: 2		
	(City)	_	(Zip code)): 2 1		

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.



K) 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.

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

DacuSign Envelope ID: 20BC1CAB-1C25-458F-AB5C-1BC59E07C68B

A. DIRECTORS☐ Chairman☐ Vice Chairman☑ Director	Amy Wu Name:		Name:Address:
ि President		□President	
		Thur. IS 11	
☐ Secretary	Treasurer	FISecretary	Treasurer
LI Other		ElOther	∃Other
🗆 Chairman	Name:	□JChairman	Nume:
FI Vice Chairman	Address:	「IVice Chairman	Address:
□ Director		□Director	
ΓΗPresident		□President .	
□ Vice President		□ Vice President	
Ll Secretary	_l'Treasurer	LISecretary	☐ Treasurer
Other	Other	□Other	
C1 Chairman	Name:	l IChairman	Name:
11 Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□Director	
LI President		□President	
□ Vice President		∐Vice President	
El Secretary	_JTreasurer	Usecretary	□Treasurer
☐ ()ther		LlOther	Other
individ ualsonarida	Use an attachment to report more than six (6). The standed to the index when filing your Florida Depar	riment of State Annual Rep	for reporting purposes only. Non-indexed port form.
EF#585F5F	935455 Signature of Direct	or or Officer	

The officer or director signing this document (and who is fisted 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.817.455, F.S.

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.817.455, F.S.			
Amy Wo. Chief Evenuive Officer			



Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRANSCEND 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 NINETEENTH DAY OF FEBRUARY, A.D.

2024.

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

at corn delaware sov/aut

Authentication: 202836100

Date: 02-19-24