

F24000002456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

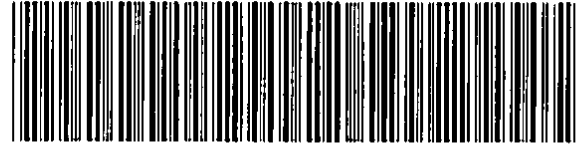
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/24--01002--002 **70.00

RECEIVED

APR 17 2024

CLERK OF STATE
TALLAHASSEE, FL

2024 APR 17 PM 2:45

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- **Important Information About the Requirement to File an Annual Report**
All Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LifeLens Technologies, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristin Olson

Name of Person

LifeLens Technologies, Inc.

Firm/Company

3675 Plymouth Blvd St 115

Address

Plymouth, MN 55446

City/State and Zip code

kolson@lifelenstech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Olson

at (267) 713.2075

Name of Person

Area Code

Daytime Telephone 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 DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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. LifeLens Technologies, 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)

2. Delaware 3. 47-4416879
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/14/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Ivybrook Blvd Ste 115, Ivyland, PA 18974
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.
Office Address: 115 North Calhoun St Ste 4
Tallahassee, Florida 32301
(City) (Zip code)

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.

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

A. DIRECTORS

☒ Chairman Name: Dan Sullivan
☐ Vice Chairman Address: 1 Ivybrook Blvd Ste 115
☐ Director Ivyland PA 18974
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Brent Moen
☐ Vice Chairman Address: 1 Ivybrook Blvd Ste 115
☐ Director Ivyland PA 18974
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CFO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ 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. Brent Moen
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.

13. Brent Moen, Chief Financial Officer
(Typed or printed name and capacity of person signing application)


Registration signed

Final Audit Report

2024-04-10

Created:	2024-04-10
By:	Kristin Olson (kolson@lifelenstech.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAb_nbwkR5jow8BKEV75eOqf6DYlasPDOOC

"Florida SOS Registration signed" History

 Document created by Kristin Olson (kolson@lifelenstech.com)

2024-04-10 - 8:25:35 PM GMT

Document emailed to Brent Moen (bmoen@lifelenstech.com) for signature

2024-04-10 - 8:25:38 PM GMT

 Email viewed by Brent Moen (bmoen@lifelenstech.com)

2024-04-10 - 8:26:08 PM GMT

 Document e-signed by Brent Moen (bmoen@lifelenstech.com)

Signature Date: 2024-04-10 - 8:26:51 PM GMT - Time Source: server

 Agreement completed.

2024-04-10 - 8:26:51 PM GMT

Delaware

The First State

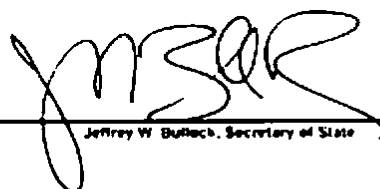
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFELENS TECHNOLOGIES, 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 TENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFELENS TECHNOLOGIES, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2014.

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



Jeffrey W. Bullock, Secretary of State

5586453 8300

SR# 20241391147

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

Authentication: 203222770

Date: 04-10-24



Anthony DelPrete <adel2407@gmail.com>

Check needed for FL Dept of State

1 message

Kristin Olson <kolson@lifelenstech.com>
To: Anthony DelPrete <adel2407@gmail.com>

Wed, Apr 10, 2024 at 4:34 PM

Tony,

We are registering in Florida and they require a physical check to be mailed in with the application and the certificate of good standing. Can you please print off the attached documents and send them, along with a check for \$70 to the below address. Check should be payable to FLORIDA DEPARTMENT OF STATE. All the payment information is also on the second page of the attached document.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Thank you!

Kristin Olson

LifeLens Technologies, Inc.

Senior Director of Finance

267.713.2075

**LifeLens**

2 attachments**Florida SOS Registration - signed.pdf**
266K**Good Standing Certificate 2024-04-10.pdf**
88K