(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:					
<u> </u>					





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MAY 0 1 2024

SECHE FARY OF STATE
JIVISION OF CORPORATIONS

## **COVER LETTER**

	ration Section on of Corporations			
SUBJECT:	Know Labs, Inc.			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of	corporation -	- must include suffix	
Dear Sir or Ma	adam:			
"Certificate of	'Application by Foreign Corp 'Existence,'' or "Certificate of ed foreign corporation to tran	Good Stand	ling" and check are subn	t Business in Florida," nitted to register the
Please return a	III correspondence concerning	this matter	to the following:	
Christina Griffi	th			
		Name of P	erson	
Lockett and Ho	orwitz			
	,	Firm/Comp	pany	
26632 Towne 0	Sentre Drive Suite 300			
	-	Addres	SS	· <del>-</del>
Foothill Ranch	, CA 92610			
		Dity/State an	d Zip code	
cgriffith@lhlav	vpc.com			
	E-mail address: (	to be used fo	or future annual report no	otification)
For further inf	ormation concerning this matt	ter, please ca	M:	
Christina Griffi	ith at	949	540-6540	
Name	e 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	
	check for the following amour eck payable to: FLORIDA DEP ng Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(Date of incorporation)  (Date of incorporation)  (Date f	3. 90-0273142 ich it is incorporated) (FEI number, if applicable)  5. (Date of duration, if other than perpetual)  irst transacted business in Florida, if prior to registration) ONS 607.1501 & 607.1502, F.S., to determine penalty liability)	-
(Date of incorporation) (Date f (SEE SECT)	(Date of duration, if other than perpetual)  ITSI transacted business in Florida, if prior to registration)  ONS 607,1501 & 607,1502, F.S., to determine penalty liability)	-
(Date of incorporation)  (Date f (SEE SECTION)	(Date of duration, if other than perpetual)  ITSI transacted business in Florida, if prior to registration)  ONS 607,1501 & 607,1502, F.S., to determine penalty liability)	-
(Date f	orst transacted business in Florida, if prior to registration) ONS 607.1501 & 607.1502, F.S., to determine penalty liability)	-
(SEE SECT)	ONS 607,1501 & 607,1502, F.S., to determine penalty liability)	-
(SEE SECT)	ONS 607,1501 & 607,1502, F.S., to determine penalty liability)	
	· · · · · · · · · · · · · · · · · · ·	
	A 98101	
	(Principal office street address)	-
	,	
	(Current mailing address, if different)	SIAI
	™ T= ≺	25
Name and street address of Florida	registered agent: (P.O. Box <u>NOT</u> acceptable) <u>1</u>	05.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5
Name: Corporation Service	e Company 📮	
1201 Hays Street	Company 55	무선
thee Address:	22	110
Tallahassee	(City) , Florida 32301 (Zip code)	77
	(City) (Zip code)	

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: Ronald Erickson	Chairman	Name: William Owens				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
■ Director	Seattle, WA 98101	<b>—</b>	Seattle, WA 98101				
□President		President					
□Vice President		□ Vice President					
□ Secretary	□Treasurer	□ Secretary	□Treasurer				
□Other	□Other		□Other				
□Chairman □Vice Chairman ■Director	Name: Ichiro Takesako Name: 500 Union Street Suite 810 Address: Seattle, WA 98101	□ Vice Chairman	Name: John Pepper  Address: 500 Union Street Suite 810  Seattle, WA 98101				
□President		— — — — — — — — — — — — — — — — — — —					
		_					
☐ Secretary	☐Treasurer	□ Secretary	☐Treasurer				
□Other	Other	Other	Other				
Director	Address: 500 Union Street Suite 810 Seattle, WA 98101	□ Vice Chairman  □ □ Director	Name: Larry Ellingson Name: 500 Union Street Suite 810 Address: Scattle, WA 98101				
□ President		_					
□Vice President	☐Treasurer	□Vice President □Secretary	☐Treasurer				
☐Secretary		·					
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. <b>Row English</b> 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.

### Attachement A Directors

Name: Timothy Londergan Address: 500 Union Street Suite 810

Seattle, WA 98101

Director

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KNOW LABS, INC.**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/08/1998, and is in good standing in this state.

Certificate Number: B202403204479807

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/20/2024.

FRANCISCO V. AGUILAR Secretary of State