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COVER LETTER

TO:	_	stration Section ion of Corpor					
SUBJ	ECT:	WearerTech,	Inc.				
5020	2011		Name of corporati	on - m	ust include suffix		,
Dear S	ir or M	ladam:					
"Certif	ficate o	f Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busing the components of the corporation to transact busing the corporation for the	andin	g" and check are sub		
Please	return	all correspond	dence concerning this mat	er to	the following:		
Abby F	Riegler						
			Name o	of Pers	son		
Thorell	li & Ass	ociates					
			Firm/Co	mpan	у		
70 W. J	Madisor	n St., Suite 575	0				
			Ad	dress			
Chicag	o, IL 60	1602					
			City/State	and 2	Zip code		
abby@	thorelli.	com					
			E-mail address: (to be use	l for f	uture annual report r	otifica	ition)
For fur	ther in	formation cor	cerning this matter, please	e call:			
Abby R	Riegler		at (312)	357-0300		
	Nam	e of Person	Area Co	ode	Daytime Telep	hone N	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				
Please 1	make ch	eck payable to	following amount: FLORIDA DEPARTMEN STREET STREET FOR STREET STREET FOR STREE	\$7	STATE 8.75 Filing Fee & ertified 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.

WearerTech, In			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting bu	siness in Florida)
Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if application	able)
04/29/2024			
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
	•	Florida, if prior to registration) 02. F.S., to determine penalty liability)	
70 W. Madison S	t., Suite 5750, Chicago, IL 60602		
·	(Principal offic	ce <u>street</u> address)	
	(Current mailing	g address, if different)	
		D. MOT	707
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	zuza AUG
Name:	Corporation Service Company	_ _	
ffice Address:	1201 Hays Street		1
mod riddross.	Taliahassee		-
	(City)	(Zip code)	- -
Degistered ear	ent's acceptance:		6
	ent's acceptance: led as registered agent and to accept servic	e of process for the above stated co	rporation at the
esignated in this	application, I hereby accept the appointm	ent as registered agent and agree to	act in this capa
_	omply with the provisions of all statutes re with and accept the obligations of my pos		erformance of m
and a man y man man	^	The same of the sa	
	Monterisati		
_	(Registered agent's sig	gnature)	-

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: Bradley Leflaive	□Chairman	Name:
□Vice Chairman	Address: Chapel Street, Chapel St.	□Vice Chairman	Address:
Director	St Philip's, Bristol, BS2 0UL	Director	St Philip's, Bristol, BS2 0UL
President	United Kingdom	□President	United Kingdom
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	■ Treasurer
Other	□Other	Other	Other
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Asst. Sec	Thomas H. Thorelli Name: 70 W. Madison St., Suite 5750 Chicago, IL 60602 Treasurer retary Other	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Name:
□ 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
The officer or direct she is aware that fars.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director Signature of Director signing this document (and who is listed in numb lise information submitted in a document to the Department of Assistant Secretary	or Officer or 11 above) affirms th	port form. at the facts stated herein are true and that he or

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WEARERTECH, 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 FIFTH DAY OF AUGUST, A.D. 2024.

Authentication: 204088088

Date: 08-05-24