F24000005100

(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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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK UP:	JENA 9/30
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	FOREIGN INC
1.	MODO LABS, INC (CORPORATE NAME AND DOCUMEN	······································
2.	(CORPORATE NAME AND DOCUMEN	Γ #)
3.	(CORPORATE NAME AND DOCUMEN	ζ(∵ <u>#</u>)
4.	(CORPORATE NAME AND DOCUMEN	TT #)
5.		• • • • • • • • • • • • • • • • • • • •
	(CORPORATE NAME AND DOCUMEN	·Γ·#)
6.	(CORPORATE NAME AND DOCUMEN	VIV#)
SPECIAI	LINSTRUCTIONS:	

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.

MODO LABS, (Enter name of o	orporation; must include "INCORPORATED,"	"COMPANY" "CORPORATION	
	orp." "Inc," "Co," or "Corp.")		•
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	business in Florida
Delaware	3	27-1968172	
(State or countr	y under the law of which it is incorporated)	f) (FEI number, if applicable)	
02/22/2010	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
3/31/2014			,
	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability	y)
l Washington Ma	ill, #1056, Boston, Massachusetts 02108		
	(Principal offic	ce street address)	
	(Current mailing	g address, if different)	
		•	
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	2024 SE
	Registered Agent Solutions, Inc.		 သ
Name:			0
ffice Address:	2894 Remington Green Ln., Ste. A		ï
	Talłahassee	32308	9
	(City)	, Florida (Zip code)	24

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.

Typan DeAnda, Ast. Sec.
(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.

Docusign Envelope ID: 445813E5-11A6-47C9-A7E1-A0D34AB06F72

A. DIRECTORS Jennifer Stephens Andrew Yu □ Chairman Chairman Name: 1 Washington Mall, #1056 1 Washington Mall, #1056 ☐ Vice Chairman □ Vice Chairman Address: Boston, Massachusetts 02108 Boston, Massachusetts 02108 ☐ Director Director ☐ President **■** President ☐ Vice President ☐ Vice President ☐ Secretary ■ Treasurer □ Secretary □Treasurer Other ___ Other _____ □Other _____ □Other Eric Kim Name: Andy Kaplan □ Chairman Chairman Chairman 1 Washington Mall, #1056 1 Washington Mall, #1056 ☐ Vice Chairman □ Vice Chairman Address: Boston, Massachusetts 02108 Boston, Massachusetts 02108 Director Director □President □ President □Vice President _____ ☐ Vice President ■ Secretary Treasurer ☐ Secretary ☐ Treasurer Other Other Other Name: Sean Kae Richard Lawless □Chairman ☐ Chairman Name: 1 Washington Mall, #1056 1 Washington Mall, #1056, □Vice Chairman Address: □ Vice Chairman Address: Boston, Massachusetts 02108 Boston, Massachusetts 02108 Director Director ☐ President ☐ President ☐ Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer Other _____ □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. Jennifer Stephens 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.

(Typed or printed name and capacity of person signing application)

Jennifer Stephens - Treasurer, CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MODO 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 THIRD DAY OF SEPTEMBER, 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 "MODO LABS, INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2010.

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

at som delaware sov/aut

Authentication: 204298569

Date: 09-03-24

4790904 8300 SR# 20243585643