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DATE: 11/06/2024

NAME: THE FLEX COMPANY

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: The Flex Company					
0020		of corporation	- mus	st include suffix		
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stan	ding''	and check are submitt		
Please	return all correspondence concerni	ng this matter	to the	following:		
Diane S	Stchowski					
	 -	Name of	Persoi	1		
Velawo	rity Legal Support					
		Firm/Com	pany			
1257 W	orcester Road #1037					
•		Addre	ess			
Framin	gham, MA 01701					
		City/State at	nd Zir	code		
compli	ance @velawcityinc.com					
	E-mail address	: (to be used f	or fut	ure annual report notif	lication)	
For fur	ther information concerning this m	atter, please c	all:			
Diane Stachowski		at ()		10-1001 x103		
	Name of Person	Area Code	2	Daytime Telephon	e Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on prations	
Please 1	ed is a check for the following amonake check payable to: FLORIDA DE .00 Filing Fee S78.75 Filing Certificate of	EPARTMENT g Fee &] \$ 78.		\$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.

The Flex Mensi (If name unavails	rual Company ible in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)	-
Delaware 2.				
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)	-
4. 08/18/2015	5			
(Date	of incorporation) 5	(Date of duration, if other tha	an perpetual)	-
6				_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	4	
_ 318 Lincoln Boul	evard Suite 204, Venice, CA 90291	2, 1.5., to determine penalty habinty	,	
/		e <u>street</u> address)		-
	, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •		
	(Current mailing	address, if different)	2	
			824	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		<u>-1</u>
Name:	NRAI Services, Inc.			
Office Address:	1200 South Pine Island Road	<u> </u>		0
	Plantation	, Florida 33324 (Zip code)	를 수 있다. 기계 (1987년 1987년 1987	? n
	(City)	(Zip code)		
) Registered ag	ent's accentance:			
Having been nam	ent's acceptance: ed as registered agent and to accept service			
Having been nam designated in this		ent as registered agent and agree	to act in this capac	city. I

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.

(Registered agent's signature)

Docusign Envelope ID: 8F0E6668-842C-4620-8AB9-72438345A012

A. DIRECTORS & OFFICERS

□Chairman	Name: Lauren Schulte Wang	□ Chairman	Name:					
□Vice.Chairman	Address: 318 Lincoln Boulevard Suite 204 Venice, CA 90291	□Vice Chairman	Address: 318 Lincoln Boulevard Suite 204					
Director		□Director Not a Director	Venice, CA 90291					
President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	■ Secretary	□Treasuser					
□Other	Other	□ Other	□Other					
□Chairman □Vice Chairman ■Director	Name: Karen Howard Name: 318 Lincoln Boulevard Suite 204 Address: Venice, CA 90291	□Chairman □Vice Chairman ■Director	Name: Pan Wang Name: 318 Lincoln Boulevard Suite 204 Venice, CA 90291					
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□ Secretary	Treasurer					
□Other	Other	Other	□ Other					
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					
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. 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.

Jacqueline L. Piscitello, Secretary

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE FLEX COMPANY" 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 NOVEMBER, 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 "THE FLEX

COMPANY" WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D.

2015.

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

Authentication: 204796467

Date: 11-05-24