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K. SALY NOV 13 2024

CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	11/07/2024	- w: DW
		Acc#I20160000072	anic) w
Name:	ULSE, Inc.		
Document #:			
Order #:	15956299		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	701.25	

Thank you!



November 7, 2024

CT

CORRECTED
Please Allow For

SUBJECT: ULSE INC.

Ref. Number: W24000124330

Same File Date

We have received your document for ULSE INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$622.50.

The total amount due is \$701.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 924A00024536

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

7. 1603 Orrington Ave. Suite 2000, Evanston, IL 60201 (Principal office street address) (Current mailing address, if different) 8. nonprofit standards development organization that publishes consensus safety standards (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Description) (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability. (Principal office street address) (Current mailing address, if different) 8. nonprofit standards development organization that publishes consensus safety standards (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324	(State or country under the law of which it is incorporated) (O9/24/2019 (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date of Incorporation, if other than perp	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Description) (Date of Incorporation) (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable) Name: (CT Corporation System) (CT Corporation System) Florida 33324	(If name unava	tilable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bu	siness in Florida)
(State or country under the law of which it is incorporated) (PEI number, if applicable) (O9/24/2019 (Date of Incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability (Principal office street address) (Current mailing address, if different) nonprofit standards development organization that publishes consensus safety standards (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	(State or country under the law of which it is incorporated) (PEI number, if applicable) (O9/24/2019 (Date of Incorporation) (Date of Incorporation) (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability. (Principal office street address) (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name: CT Corporation System CT Corporation System Plantation Florida 33324	(State or country under the law of which it is incorporated) (O9/24/2019 (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable) Name: (C T Corporation System Diffice Address: 1200 South Pine Island Road	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Dologo of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) (Principal office street address) (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of Corporation System) Name: CT Corporation System CT Corporation System Plantation Florida 33324	Delaware	_	30-1211130	
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11. 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.

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

A. DIRECTOF □Chairman	,	George Borlase	□Chairman	Ron H. Blaustein Name:
□Vice Chairman		1603 Orrington Ave	□ Vice Chairman	Address: 1603 Orrington Ave
□Director	Suite 200		□Director	Suite 2000
□President		, IL 60201	□President	Evanston, IL 6020N
□Vice President			TT	Les of
□Secretary		□Treasurer	□Secretary	☐Treaserer =
⊠Other: Executiv	e Director	Other:	⊠ Other: CFO	Other:
□Chairman	V Name:	∕ishal Patel	□Chairman	Name: Michael Murray
□Vice Chairman		1603 Orrington Ave		Address: 1603 Orrington Ave
□Director	Suite 200			Suite 2000
□President		, IL 60201	President	Evanston, IL 60201
□Vice President			⊠Vice President	
Secretary		□Treasurer	□Secretary	□Treasurer
Senior Direction Direction Direction	ctor, Treasury	Other:	MOther:	Secretary Other:
□Chai r man	I Name:	Ronaldo Borger	□Chaiπnan	Name:
		1603 Orrington Ave		Address:
Director	1603 Orr	ngton Ave	☐ Director	1603 Orrington Ave
□President		, IL 60201	□President	Suite 2000
✓Vice President			<u>✓</u> Vice President	
☐Secretary		□Treasurer	⊠ Secretary	□Treasurer
□Other:		Other:	Other:	Other:
	viduals may	se an attachment to report more be added to the index when fill of Chairman, Vice Chairman,	ing your Florida Department of	-

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





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

DELAWARE, DO HEREBY CERTIFY "ULSE 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 NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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





Authentication: 204797358

Date: 11-05-24