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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	11/15/2024	
Name:	Cheyanne Davis	_
Reference #	2560228	_
		NETIC, INC.
✓ Articl	les of Incorporation/Authorization	to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
☐ Conv	version version	
☐ Merg	ger	
Disse	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized /	Amount: \$70.00	
Signature: _	Oryma Paire	

F: +852.2682.9790



44/45/0004

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	11/15/2024	
Name:	Cheyanne Davis	_
Reference	#:2560228	
		ENETIC, INC.
✓ Artic	cles of Incorporation/Authorizatio	n to Transact Business
☐ Ame	endment	
Cha	inge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized	Amount: \$70.00	
Signature:	Chyma Paine	

F: +852.2682.9790

LUMENETIC, INC.

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.

	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	iness in Florida)
DELAWARE	3		
(State or counti	y under the law of which it is incorporated)	(FEI number, if applical	ole)
SEPTEMBER	1, 2018 5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
7728 Sandhill La	ke Drive, Sarasota, FL 94241	, , , , , , , , , , , , , , , , , , ,	
	(Principal office	street address)	
7728 Sandhill La	ike Drive, Sarasota, FL 94241		
	(Current mailing a	ddress, if different)	
Name and stree	et address of Florida registered agent: (P.O. E	fox NOT acceptable)	
			•
	Cogency Global Inc.		76 S
Name:	Cogency Global Inc. 115 North Calhoun Street, Suite 4	_	ZOZ4 NO
Name:		– – . Florida ³²³⁰¹	SEGRETARY SEGRETARY
Name:	115 North Calhoun Street, Suite 4	Florida 32301 (Zip code)	2024 NOV 15 AI
Name: ffice Address:	Tallahassee (City)	, Florida <u></u> _	2024 NOV 15 AMII SEGRETARY OF ST
Name: ffice Address: Registered ag	Tallahassee (City) ent's acceptance:	, Florida (Zip code)	AMII:
Name: ffice Address: Registered agaving been name	Tallahassee (City)	Florida (Zip code) of process for the above stated corp	SET
Name: The Address: Registered agaving been nan signated in this orther agree to contact.	Tallahassee (City) ent's acceptance: seed as registered agent and to accept service of	. Florida (Zip code) (Zip code) of process for the above stated corp t as registered agent and agree to tive to the proper and complete per	orgation at the

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: 337E2973-EEA4-4CD6-8836-1CB4AD939811

.A. DIRECTORS Andrea Maiolo Name: Timothy Naylor □Chairman □Chairman Name: 7728 Sandhill Lake Drive 7728 Sandhill Lake Drive □Vice Chairman Address: □Vice Chairman Address: Sarasota, FL 34241 Sarasota, FL 34241 ■ Director Director □ President President □Vice President □ Vice President □ Secretary ☐ Treasurer ■ Secretary □Treasurer Other Co-CEO Other Co-CEO □Other _____ □Other _____ Name: ____ Name: □Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □ Chairman Name: Name: □Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: 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. Andria Maido FD20F2CAB8214C8 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. Andrea Maiolo, Secretary (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LUMENETIC, 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 FIFTEENTH 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 "LUMENETIC, INC."

WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 204887070

Date: 11-15-24

7051452 8300 SR# 20244227495