

F24000006081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

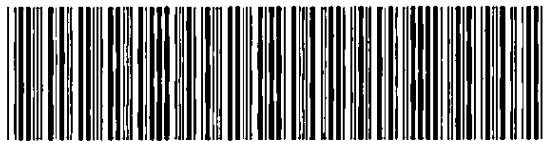
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC - 2 AM 8:45

ST. CLAIR COUNTY
CLERK'S OFFICE
RECEIVED

2024 DEC - 2 AM 11:14
STATE OF MICHIGAN
CLERK'S OFFICE
RECEIVED

FILED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/02/2024

****WALK IN****

ENTITY NAME Raad Labs Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Please call Tina at the above number for any issues or concerns. Thank you so much!

Keith Leppard

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.

1. RAAD LABS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated) 3. _____

(FEI number, if applicable)

4. APRIL 1, 2024

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 NE 27th Street, Suite #700, Miami, FL 33137

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee _____, Florida 32312
(City) _____ (Zip code)

2024 DEC -2 AM
FLORIDA
TALLAHASSEE
REGISTERED
FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation in 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.

Michael A. Barr President

(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.

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: PHILIP KRIM

Vice Chairman Address: 15 E. PUTNAM AVENUE, NO. 291

Director GREENWICH, CT 06830

President

Vice President

Secretary Treasurer

Other Other

Chairman Name: SHARO ATMEH

Vice Chairman Address: 15 E. PUTNAM AVENUE, NO. 291

Director GREENWICH, CT 06830

President

Vice President

Secretary Treasurer

Other Other

Chairman Name: T.J. RAGSDALE

Vice Chairman Address: 120 NE 27th Street, Suite #700

Director Miami, FL 33137

President

Vice President

Secretary Treasurer

Other CEO Other

Chairman Name:

Vice Chairman Address:

Director

President

Vice President

Secretary Treasurer

Other Other

Chairman Name:

Vice Chairman Address:

Director

President

Vice President

Secretary Treasurer

Other Other

Chairman Name:

Vice Chairman Address:

Director

President

Vice President

Secretary Treasurer

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. T.J. Ragsdale _____

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.

13. T.J. RAGSDALE, CEO _____
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAAD 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAAD LABS INC." WAS INCORPORATED ON THE FIRST DAY OF APRIL, A.D. 2024.

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

3357377 8300

SR# 20244336589

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 204986754

Date: 11-27-24