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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THEO Laser Inc.			
	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei "Certificate of Existence," or "Certiabove referenced foreign corporation	ificate of Good Star	nding" and check are sub	
Please return all correspondence co	ncerning this matte	r to the following:	
Julie Meyers / Office Manager			
	Name of	Person	_
THEO Laser Inc.			
	Firm/Cor	npany	
1900 W. Park Dr. Suite #150			
	Addı	ess	
Westborough, MA 01581			
	City/State a	and Zip code	
julie.meyers@theo.inc			
E-mail a	ddress: (to be used	for future annual report r	notification)
For further information concerning	this matter, please	call:	
Julie Meyers	at (276-7808	
Name of Person	Area Coo	le Daytime Telep	hone Number
STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, Fl. 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
_	DA DEPARTMENT	F OF STATE □ \$78.75 Filing Fee & Certified Copy	☐ \$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.

(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	
2. Delaware, USA	3	93-3998568 (FEI number if applicable)	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
August 31, 2021	3		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
I			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
. 1900 W. Park Dr.	Suite #150 Westborough, MA 01581		
	(Principal off	lice street address)	
		8	<u></u>
	(Current maili	ng address, if different)	31515
			- 2
. Name and stree	et address of Florida registered agent: (P.C	 .	
Name:	United Corporate Services, Inc.) ?
Office Address:	3458 Lakeshore Drive		•
The Hadrest.	Tallahassee	Florida 32312	7
	(City)	. Florida 32312 (Zip code)	
laving been nam esignated in this urther agree to co	application, I hereby accept the appoints	rice of process for the above stated corporation at the plot ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my osition as registered agent.	ity. I
Having been nam designated in this further agree to co	ed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes i	ment as registered agent and agree to act in this capaci relative to the proper and complete performance of my osition as registered agent.	ity.

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

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.

A. DIRECTORS Name: Zhe Sun ■ Chairman □ Chairman Maxphotonics HK Maxphotonics Gmbh Address: ☐ Vice Chairman □ Vice Chairman Room 4, 16/F Ho King Commercial Center Domierstrasse 11 □Director □ Director 2-16 Fayuen Street 82205 Gilching □ President President Mongkok Kowloon, Hong Kong Germany □Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: __ Name: Limei CAO □Chairman □ Chairman Address: ____ Maxphotonics Co. Ltd. ☐ Vice Chairman Address: □Vice Chairman Maxphotonics Industrial Park Maxphotonics Industrial Park □ Director Director 3rd Furong Rd, Furong Industrial Area 3rd Furong Rd, Furong Industrial Area **President** □ President Shajing, Bao'an Shenzhen China 518125 Shajing, Bao'an Shenzhen China 518125 □ 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. 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. Zhe Sun, President & CEO, THEO Laser Inc.

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

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THEO LASER 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 SEVENTH DAY OF OCTOBER, 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 "THEO LASER INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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

Authentication: 204573543

Date: 10-07-24