Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 ii : (512)418-6949 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email

Address:

Foreign Limited Liability Company MEHTA LABS, LLC

211 JUN -5

| Certificate of Status | 0 |
|-----------------------|----------|
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K. SALY

JUN - 6 2017

COVER LETTER

Registration Section TO: Division of Corporations

Mehta Labs, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| Ravi N | /lehta ೄ | |
|-------------|-------------------------|---------------------------------------|
| | Name of Person | |
| Mehta | Labs, LLC | |
| | Firm/Company | |
| 1 Purli | eu PI, Ste 100 | |
| | Address | · · · · · · · · · · · · · · · · · · · |
| Winter | Park, FL 32792 | |
| | City/State and Zip Code | |
| nehta | rave@gmail.com | |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ily Gregerson

Name of Contact Person

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section · P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filing Fee & .

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy.

□\$160.00 Filing Fee, Certificate of Status & Certified Copy

1.334

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS. IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: Mehta Labs, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.") (If mono travalleble, only alternate same adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," 2, Delaware (Jurisdiction under the law of which foreign fimited Hability company is organized) 1 Purlleu Pl, Ste 100 1 Purlieu Pi, Ste 100 (Since Address of Principal Office) (Mailing Address) Winter Park, FL 32792 Winter Park, FL 32792 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation, FL (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 aspregistered agent. Cristie Myers 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Ravé Mehta Managing Member 1 Puries Pl Sie 100 Winter Park, FL 32792 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Typed or printed name of signon

Ravé Mehta

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MEHTA LABS, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SECOND DAY OF JUNE, A.D. 2017.

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

ZOIT JUN-5 AM 9.59
SECRETARY OF STATE
SECRETARY OF STATE

7.8

JAMES W. BLANCE, BALLANDRY M STA

6420094 8300 SR# 20174557956

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

Authentication: 202643510

Date: 06-02-17