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To:	Division of Corporations Fax Number : (850)61	7-6383	F STATE FLORIDA
From:	Account Name : CORPORA' Account Number : 1104320 Phone : (561)69 Fax Number : (561)69	4-8107	RNATIONAL INC.
Enter the email annual repo	address for this business rt mailings. Enter only on	e entity to be us e email address p	ed for future please.**
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	Certificate of Status Certified Copy		
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Estimated Charge

\$160.00

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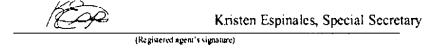
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES,	THE FOLLOWING IS SUBMITTED	TO REGISTER A FOREIGN	LIMITED LIABILITY
COMPANY TO TRANSACT RUNINESS IN THE STATE OF FLORIDA-			

1	is Labsystems Ame (Name of Foreign	Limited Liability Company: must include "Limited Li	ability Compa	iny," "L.L.C.," or "LLC.")			_
	•						
(If name u	navarlable, errer alternare r	name adopted for the purpose of transacting business in Florid	z. The alternate	name must include "Limited L	iability Company,"	"LLC," or	"[1.C.")
State	of Delaware					2	
2			3.	(FEInum	2 S	2020	
(Juri	sdiction under the law of w	hich foreign limited liability company is organized)		(FE) num	ber, if appricable) रञ्		77
***					ETAR)	FEB	
N/A 4.	•				S	1	1
4		(Date first transported business in Florida, if prior to regi (See sections 605,0904 & 605,0905, F.S. to determine)	stration.)		L4U - /-	6	
		(See sections 613.0704 at 103.0703; 1°.3. to desermine p	ecent nations		FOF	₽ 	
	chtree House				7. S	<u> </u>	
5. Estroci Ade	dress of Principal Office)		6	visiling Address)			_
(5000.710			ν.	, , , , , , , , , , , , , , , , , , ,	STATE LORID	င်္	
263	7 Peachtree Road N	E, #411			\triangleright		
		·	<u></u>				
A -1-	. 64 10305						
Atta	inta, GA 30305						
							_
7 No.		o of Florida assistant de soute (D.O. Pay N	OT const	.Lla			
7. (Nam	ie and <u>street adures</u>	s of Florida registered agent: (P.O. Box N	<u>со г</u> асс ер и	ioie)			
		Corporate Creations Network Inc.					
	Name:						
	Office Address:	801 US Highway 1					
				•			
		North Palm Beach		33408			
		(City)		, Florida 33408 (Zip code)			
		(C-11) /		(z.ap code)			

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 as registered agent.



8. For initial indexing purposes, list	names, title or capacity and addresses of the p	orimary members/managers or persons authorized to
manage [up to six (6) total]:	•	

itle or Capacity;	Name and Address:	Title or Capacity:		
∃Manager	Name:	≅ Manager	Name: Russell MacKenzie	
≣Member	Address: 26 Finsbury Park	□Member	Address: Peachtree House	
Authorized	Churchtown	□Authorized	2637 Peachtree Road NE, #411	
Person	Dublin 14, Ireland	Person	Atlanta, GA 30305	
Other	Other	□Other	Other	
Manager	Name:	□Manager	Name: Name: 2020 PEB	
Member	Address:	□Member	Address: SM T	
Authorized		□Authorized		
Person		Person	FELORITE C	
Other	□Other	Other	\mathbf{p}_{m} \mathbf{o}	
Manager	Name:	□Manager	Name:	
]Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	□Other	□Other	Other	

indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Dong Jalela
Signature of an authorized person
Sonia Madden
Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ORBIS LABSYSTEMS AMERICAS 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 SIXTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORBIS LABSYSTEMS AMERICAS LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2019.

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

FILED

Authentication: 202332940

Date: 02-06-20

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