## Division of Corporations 5/14/2021

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(((H210001950173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

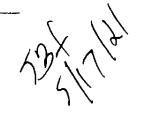
## Foreign Limited Liability Company FAIR CARE LABS, LLC

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Help



From: Ranae McGraw

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

2021-05-14 14:25:24 CST

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREX IN TUNITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FAIR CARE LABS, L (Name of Foreign	LC Limited Liability Company; must include "Limited	Haibility Co	ուղչումչ," "T.T.C.," or "ET.C.")		
(It name unavailable, enter afternate r	name adopted for the paypase of transacting husiness or Flo	enda. The alter	mate name must molude "Lamited Fishibity Con-	pany," "1, 1, U," or "1.1	C'i
DE		4(	5-5427425		
(Jurisdiction under the law of which (creign limited liability company is organized)		3. (FII number, (fapplicable)			
4		·· <del>·</del>			
	(Date first translated business in Florida of prior to a see sections 605 0904 & 605 0905, F.S. to determine	egidiainei ) ne penaliy liab	day)		
45 BROADWAY, SUITE 320		45	BROADWAY, SUITE 320		
5. (Street Address of Poncipal Office)		o	(Mailing Address)	<u> </u>	
NEW YORK, NY - 100	006	NE	EW YORK, NY - 10006		
				~->	
				<del>- ::</del>	
7. Name and street address	ss of Florida registered agent. (P.O. Box	<u>NOT</u> acc	eptable)	; - ·•	
Name:	C T Corporation System			. r•	:
Office Address:	1200 South Pine Island Road			::: : n	•
	Plantation		33324 , Florida (Ζητουίε)		
	(City)	<del>.</del>	(Aprende)		
designated in this applica to comply with the provise	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.  C.T. Corporation System	registere and comp	d agent and agree to act in this c dete performance of my duties, a Kimberly Steinmetz	apacity. I furthe	er agree

(Registated agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity	<u>e</u>	Name and Address:
⊠Manager	Name: Palak Shah	□Manager	Name,	
□Member	Address: 45 Broadway, Suite 320	_ Member	Address:	
□Authorized	NEW YORK, New York 10006	□ Authorized		
Person		Person		
□Other		Other	<del></del>	
□Manager	Name: Ai-jen Poo	_ Manager	Name:	
Member	Address: 45 Broadway, Suite 320	□Member	Address:	
□Authorized	NEW YORK, New York 10006	☐ Authorized		
Person		Person		
□Other		□ Other		□Other 📆
□Manager	Name: Mariana Viturro	☐ Manager	Name:	· · · · · · · · · · · · · · · · · · ·
⊠Member	Address: 45 Broadway, Suite 320	Nfember		
□Authorized	NEW YORK, New York 10006	Authorized		····
Person		Person	<del></del>	- <del>-</del>
□()ther		_()ther	<u>.                                    </u>	

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.

- 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.

Palak She				
	Signature of an authorized person			
Palak Shah				



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FAIR CARE 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 FOURTEENTH DAY OF MAY, A.D. 2021.

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

531 ... 1.53

at som delaware gov/autho

Authentication: 203210710

Date: 05-14-21