

M22000003664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

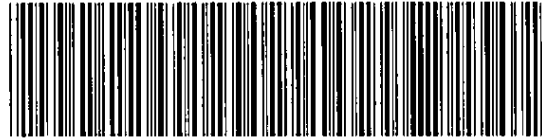
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALABAMA

S. FRANKLIN

MAR 11 2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/10/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1015946

**ORDER ENTITY**  
REOPEN DIAGNOSTICS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

REOPEN DIAGNOSTICS, LLC (FL)

File the attached foreign qualification document and provide a certified copy.

**NOTES:**

\$155.00 Authorized  
Email address for annual report reminders: jnahm@orrick.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 556-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, located at the bottom left of the page.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. ReOpen Diagnostics, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 85-2289556  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 45-18 Ct Square W 6. 45-18 Ct Square W  
(Street Address of Principal Office) (Mailing Address)  
Long Island City, NY 11101 Long Island City, NY 11101

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

Name: Incorporating Services, Ltd.  
Office Address: 1540 Glenway Drive  
Tallahassee, Florida 32301  
(City) (Zip 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.*

Melissa A. Moreau  
(Registered agent's signature)

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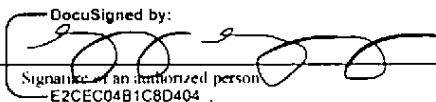
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Opentrons Labworks Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Cjunevt Ener</u>
<input checked="" type="checkbox"/> Member	Address: <u>45-18 Ct Square W</u>	<input type="checkbox"/> Member	Address: <u>45-18 Ct Square W</u>
<input type="checkbox"/> Authorized	<u>Long Island City, NY 11101</u>	<input checked="" type="checkbox"/> Authorized	<u>Long Island City, NY 11101</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jonathan Brennan-Badal</u>	 <input type="checkbox"/> Manager	Name: <u>Greg Greeley</u>
<input type="checkbox"/> Member	Address: <u>45-18 Ct Square W</u>	<input type="checkbox"/> Member	Address: <u>45-18 Ct Square W</u>
<input checked="" type="checkbox"/> Authorized	<u>Long Island City, NY 11101</u>	<input checked="" type="checkbox"/> Authorized	<u>Long Island City, NY 11101</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Eva Boratto</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>45-18 Ct Square W</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Long Island City, NY 11101</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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.

DocuSigned by:  
  
 Signature of an authorized person  
 E2CEC04B1C8D404

Greg Greeley

Typed or printed name of signee

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REOPEN DIAGNOSTICS, 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 TENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REOPEN DIAGNOSTICS, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2020.

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

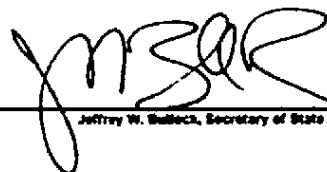
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J. W. BULLOCK, SECRETARY OF STATE



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SR# 20220951926

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202878251

Date: 03-10-22