

M22000017602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

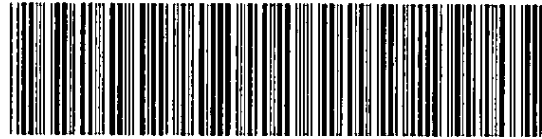
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2023 SEP 8 9:13:13  
TALLAHASSEE, FLORIDA  
R. HUNT  
09/08/23



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 09/08/2023

Name: KEN

Reference #: 2114529

Entity Name: INNOVATION REFUNDS EMPLOYEE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

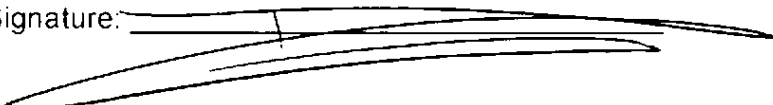
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other \*\* GOOD STANDING UPON FILING \*\*

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DIVISION OF CORPORATIONS  
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Authorized Amount: \$30.00

Signature: 

✪ CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

✪ EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

✪ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT 8, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovation Refunds Employee, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Anapoell

\_\_\_\_\_  
Name of Person

IR Labs DE, LLC

\_\_\_\_\_  
Firm/Company

4350 Westown Parkway, Suite 300

\_\_\_\_\_  
Address

West Des Moines, IA 50266

\_\_\_\_\_  
City/State and Zip Code

kanapoell@innovationrefunds.com

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

For further information concerning this matter, please call:

Karen Anapoell

at ( 949 ) 730 8552

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2023 SEP -8 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: INNOVATION REFUNDS EMPLOYEE, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M122000017602

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: November 22, 2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: IR Labs DE, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Cogency Global Inc.

New Registered Office Address: 115 N CALHOUN ST STE. 4

*Enter Florida Street Address*

TALLAHASSEE

*City*

Florida 32301

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Ken Howell, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS  
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

*Howard Makler*

\_\_\_\_\_  
Signature of the authorized representative

Howard Makler, President

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



# California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

**Request Type:** Certified Copies

**Entity Name:** IR LABS, LLC

**Formed In:** CALIFORNIA

**Entity No.:** 202200310211

**Entity Type:** Limited Liability Company - CA

**Issuance Date:** 09/06/2023

**Copies Requested:** 1

**Receipt No.:** 005078051

**Certificate No.:** 143106623

## Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
36255394-1	01/01/2022	Initial Filing	1
B1309-9404	12/30/2022	Amendment	1
B1905-4996	07/25/2023	Conversion to Nonqualified Entity	1

.. .... End of list .....

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on September 06, 2023.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

2023 SEP -8 PM 12:40  
DIVISION OF CORPORATIONS

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



California Secretary of State  
Electronic Filing

**FILED**

Secretary of State  
State of California

LLC Registration – Articles of Organization

Entity Name: Innovation Refunds Employee LLC

Entity (File) Number: 202200310211

File Date: 01/01/2022

Entity Type: Domestic LLC

Jurisdiction: California

Detailed Filing Information

1. Entity Name: Innovation Refunds Employee LLC

2. Business Addresses:

a. Initial Street Address of  
Designated Office in California:

751 Bolsana  
Laguna Beach, California 92651  
United States

b. Initial Mailing Address:

751 Bolsana  
Laguna Beach, California 92651  
United States

3. Agent for Service of Process:

Howard Makler  
751 Bolsana  
Laguna Beach California 92651  
United States

4. Management Structure:

All LLC Member(s)

5. Purpose Statement:

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

Future File Date Of:

January 01, 2022

Electronic Signature:

The organizer affirms the information contained herein is true and correct.

Organizer:

Tara L Elkin

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 SEP - 8 PM 12:40

Certificate Verification No.: 1431066623 Date: 09/06/2023



**P**

**-FILED-**

File No.: BA20230044777  
Date Filed: 12/30/2022

**Certification Fee (Optional) - \$5.00**

**Note:** You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

**Above Space For Office Use Only**

1. **LLC Exact Name** (Enter the exact name on file with the California Secretary of State )

INNOVATION REFUNDS EMPLOYEE LLC

2. **LLC Entity (File) Number** (Enter the exact Entity (File) Number issued by the California Secretary of State.)

2	0	2	2	0	0	3	1	0	2	1	1
---	---	---	---	---	---	---	---	---	---	---	---

3. **New LLC Name (If Amending)** (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

IR Labs, LLC

**4. Management (If Amending) (Select only one box)**

The LLC will be managed by:

☐ One Manager

☐ More than One Manager

☒ All LLC Member(s)

6. Purpose Statement (Do not alter Purpose Statement.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8 1/2 x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

**Signature**

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Sign here:

**Karen Anapoell, General Counsel**

Print your name here

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# State of California Secretary of State

CONV-1A

File #

For Office Use Only

**-FILED-**File No.: BA20231188651  
Date Filed: 7/25/2023

## Certificate of Conversion

Fee: \$150.00 if a California corporation is the converting entity. \$30.00 for all other conversions.

This Space For Filing Use Only

### Converted Entity Information

1. Name of Converted Entity IR Labs DE, LLC			
2. Form of Entity Limited Liability Company		3. Jurisdiction Delaware	
4. Mailing Address of Principal Office of Converted Entity (Complete only if converting a California limited partnership.) City State Zip Code			
5. Street Address of Principal Office of Converted Entity - Do not list a P.O. Box (Complete only if converting a California limited liability company or a registered California general partnership.) City State Zip Code 4350 Westown Parkway, Suite 300 West Des Moines IA 50266			
6. Street Address of the California Principal Office of Converted Entity, if any - Do not list a P.O. Box (Complete only if converting a registered California general partnership.) City State Zip Code CA			
7. If the converting entity is a California corporation, limited liability company, limited partnership or general partnership, you must designate an agent for service of process. Item 7a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 7b: If the agent is an individual, list the agent's business or residential street address. Item 7c: If the agent is an individual, list the mailing address of the converted entity's agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.			
a. Name of Agent For Service of Process Howard Makler			
b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box		City	State Zip Code
751 BOLSANA CA 92651		LAGUNA BEACH,	CA 92651
c. If an individual, Mailing Address of Agent for Service of Process		City	State Zip Code
4350 Westown Parkway		West Des Moines	IA 50266

### Converting Entity Information

8. Name of Converting Entity IR Labs, LLC		
9. Entity Type Limited Liability Company	10. Jurisdiction California	11. CA Secretary of State Entity Number, if any 202200310211
12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: The class and number of outstanding interests entitled to vote AND The percentage vote required of each class. Common units: 100 100%		

### Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed.

07/24/2023

Date

Signature of Authorized Person

Howard Makler, Member

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A CALIFORNIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "IR LABS, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "IR LABS, LLC" TO "IR LABS DE, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2023, AT 11:18 O'CLOCK A.M.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2023 SEP -8 PM 12:40



  
Jeffrey W. Bullock, Secretary of State

7578799 8100F  
SR# 20233040873

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

Authentication: 203817321  
Date: 07-25-23

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is California.
- 2.) The jurisdiction immediately prior to filing this Certificate is California.
- 3.) The date the Non-Delaware Limited Liability Company first formed is January 1, 2022.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is IR Labs, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is IR Labs DE, LLC.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
24th day of July, A.D. 2023.

By: /s/ Howard Makler  
Authorized Person

Name: Howard Makler  
Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "IR LABS DE,  
LLC" FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JULY,  
A.D. 2023, AT 11:18 O'CLOCK A.M.

FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP - 8 PM 12:40



  
Jeffrey W. Bullock, Secretary of State

7578799 8100F  
SR# 20233040873

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

Authentication: 203817321  
Date: 07-25-23

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

• **First:** The name of the limited liability company is IR Labs DE, LLC

• **Second:** The address of its registered office in the State of Delaware is 850 New  
Burton Road Ste 201 in the City of Dover  
Zip Code 19904.

The name of its Registered agent at such address is \_\_\_\_\_  
Cogency Global Inc.

• **Third:** (Insert any other matters the members determine to include herein.)

**In Witness Whereof**, the undersigned have executed this Certificate of Formation this  
24th day of July, 2023.

By: /s/ Howard Makler  
Authorized Person(s)

Name: Howard Makler  
Typed or Printed

2023 SEP -8 PM 12:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS