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2023 SEP 12 PM 1:41 SECRETARY OF STATE

COVER LETTER

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TO:

Registration Section Division of Corporations

	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matter to	o the following:			
	Heather Meglino				
		Name of Person			
	Q1, LLC				
	-	Firm/Company			
	7651 Southland Blvd				
		Address			
	Orlando, FL 32809				
	City/State and Zip Code				
	heather.meglino@q1w.net				
	E-mail address: (to be	e used for future annual report notification)			
For further in	nformation concerning this matter, please cal	II:			
He	ather Meglino	407 856-2712 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations). Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plet	losed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🗐 \$160.00 Filing Fee, Certificate			

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 FLORIDA:

	name adopted for the purpose of transacting business in Flo	rida. The alternate na	me must include "Limited Lia	bility Company," "L.L.C," or "LLC
Wyoming		,		
Ourisdiction under the law of w	hich toreign limited hability company is organized;	J	(FE) numbe	er, if applicable)
	(Date first transacted business in Florida, if prior for o (See sections 605 0904 & 605,0905, F.S. to determin	egistration.) ie penalty liability)		
7651 Southland Blvd			outhland Blvd	
reet Address of Principal Office)		(Ma	iling Address)	~2
Orlando, FL 32809		Orlando	o, FL 32809	N23 S SECTA
	· ·		·-··	FET P
				150 7 T
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptab	le)	PH 1:41
Name:	John Chiorando			ATE 41
Office Address:	7651 Southland Blvd			
	Orlando		32809	
	(City)		1 10:1tta	

ree and accept the obligations of my position as registered agent.

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

itle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
i Manager	Name: Biohack Empress LLC	■Manager	Name: Prenova Ventures, LLC
Member	Address: 14705 Castelletto Dr	□Member	Address: 1095 Sugar View Dr STE
.Authorized	Tampa, FL 33626	□Authorized	Sheridan, WY 82801
Person		Person	
Other	Other	□Other	
Manager	Name: Q1 Bio, LLC	□Manager	Name:
Member	Address: 7651 Southland Blvd	□Member	Address:
Authorized	Orlando FL 32809	□Authorized	
Person		Person	
Other	Other	□Other	Other
Manager	Name:	⊡Manager	Name:
1ember	Address:	□Member	Address:
authorized		□Authorized	
Person		Person	
* I	□Other	□Other	Other

10. This document is executed in accordance with section 605 6203 (1) (b). Florida Statutes, I am aware that any false information

Cony as provided for in s.817.155, F.S.

submitted in a document to the Department of State constitutes a third degree

John Chiorando

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Celesence, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 30**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001293038**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of August, 2023 at 10:07 AM. This certificate is assigned ID Number 064742323.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.