

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M25000003829 295**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000003829 3)))



H250000038293ABCS

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

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

Email Address: mike@mikeford.com

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
25 JAN -6 PM 1:18

**Foreign Limited Liability Company  
Cortado Labs LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2025 JAN -6 PM 3:33

STATE SECRETARY  
DIVISION OF CORPORATIONS  
FALL 2024

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

# State of South Dakota

## Office of the Secretary of State

### Certificate of Good Standing

Domestic Limited Liability Company

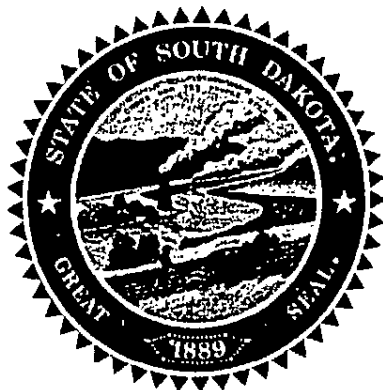
I, **Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

**Cortado Labs LLC**

Business ID: DL288673

was authorized to transact business in this state on: December 11, 2024.

I, further certify that **Cortado Labs LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused to be  
affixed the Great Seal of the State of South  
Dakota, in Pierre, the Capital City, this day,  
January 3, 2025.

A handwritten signature in cursive script that reads "Monae L. Johnson".

**Monae L. Johnson**  
Secretary of State

01/03/2025 4:01 PM

Verification #: 018272934

H25000003829 3

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:

1. Cortado Labs 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. South Dakota 3. 33-2343406  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 60 Palm Square 6. 60 Palm Square  
(Street Address of Principal Office) (Mailing Address)  
Delray Beach, Florida 33483 Delray Beach, Florida 33483

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

Name: Michael Ford  
Office Address: 60 Palm Square  
Delray Beach, Florida 33483  
(City) (Zip code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
25 JAN -6 PM 1:18

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.

DocuSigned by:

CBFEAF65C48 (Registered agent's signature)

H25000003829 3

H25000003829 3

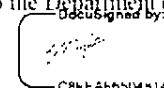
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Michael Ford</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>60 Palm Square</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Delray Beach, Florida 33483</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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:  
CSF-EAF65043147A  
\_\_\_\_\_  
Signature of an authorized person

Michael Ford

\_\_\_\_\_  
Typed or printed name of signer

H25000003829 3