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| (Requestor's Name) | | | | |
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| (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: | | | | |
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Office Use Only



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JAN 1 4 2025

K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 1/14/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1337018

ORDER ENTITY

CERULEAN TECH LABS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CERULEAN TECH LABS LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

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

Tuesday, January 14, 2025 Page Lof L

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

IN COMPITANCE BITTLESECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER 4 FOREIGN LIMITED LIABILITY COMPUNY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Same of Foreign | Limited Liability Company; must include "Limite | ed Liability | Company," "L.L.C.," or "LLC.") | | |
|--|--|--------------------------------|---|---------------|--|
| | artic adopted for the purpose of transacting business in Flo | | | | |
| aune unavaoable, enter alternate n | ame adopted for the purpose of transacting business in Fl | orida Else al | terrate name must include "Empited Undolity Company." | THAT TO THE | |
| Delaware | | 3. | 99-4722615 3. // // // // // // // // // // // // // | | |
| (hursda from mader the law of which foreign limited hability company is organized) | | | (FFF number, if applicable) | | |
| 08/29/2024 | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ | registration aine penalty l | A Gabisty) | | |
| 2980 McFarlanc Road | | 6 | 2980 McFarlanc Road | | |
| (Street Address of I | Principal Office) | (). | (Mailing Address) | | |
| Miami, FL 33133 | | | Miami, FL 33133 | | |
| | *************************************** | | | | |
| | 442 | | | | |
| Name and street address | ss of Florida registered agent: (P.O. Bo: | x NOT a | ecceptable) | | |
| | _ | | <u></u> . | 20 | |
| Name: | Corporation Service Company | | <u> </u> | E 2025 JAN | |
| Office Address: | 1201 Hayes Street | | | 1 | |
| | Tallahassee | | 32301 = 1 (3) Florida = 23.2 | PH 6: | |
| | (Cav) | | (Zipi code) | 0 | |

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.

Janette McAntyse
(Registred agent's signature)

| The name, title or capacity and ac Title or Capacity: | Name and Address: |
|--|---|
| CEO | Roy Hirsch |
| | 2980 McFarlane Road |
| | Miami, FL 33133 |
| | |
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| | |
| Use attachments if necessary) | |
| Attached is a certificate of existen | ce, no more than 90 days old, duly authenticated by the official having custody of records in the tis organized. (If the certificate is in a foreign language, a translation of the certificate under o |
| 0. This document is executed in accubmitted in a document to the Depar | cordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information rement of State constitutes a third degree felony as provided for in s.817.155, F.S. |
| Roy H | irseli |
| | Signature of an authorized person |

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CERULEAN TECH 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 TENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CERULEAN TECHLE LABS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2024.

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

Authentication: 202666385

Date: 01-10-25

4886082 8300 SR# 20250092832