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(City/State/Zip/Phone #)

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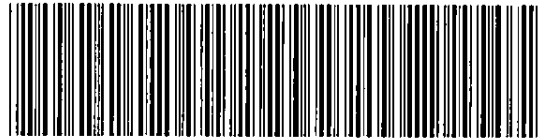
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2024

KALISTA LONGORIA
29203 RED HIBISCUS COURT
SORRENTO, FL 32776 US

SUBJECT: MICRO BIO TECH, LLC
Ref. Number: W24000163399

We have received your document for MICRO BIO TECH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All of the names chosen are not available for this file. You must come up with something totally different.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 424A00027008

RECEIVED
JAN 28 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Micro Bio Tech, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kalista Weiss
Name of Person

Micro Bio Tech, LLC
Firm/Company

29203 Red Hibiscus Court
Address

Sorrento, Florida 32776
City/State and Zip Code

Kalista@mbtintl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kalista Weiss at (772) 286-5581
Name of Contact 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Micro Bio Tech, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MBT East, LLC or MBT East, L.L.C.
(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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3932226
(FEI number, if applicable)

4. 10/16/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17 Pete Hendrichs Road
(Street Address of Principal Office)

6. 29203 Red Hibiscus Ct.
(Mailing Address)

Yerington, Nevada 89447

Sorrento, Florida 32776

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

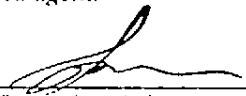
Name: Marc Lajeunesse

Office Address: 29203 Red Hibiscus Court

Sorrento, Florida 32776
(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.


(Registered agent's signature)

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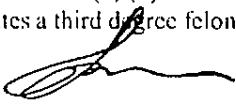
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Kalista Weiss (married name change)</u>	<input type="checkbox"/> Manager	Name:	<u>Karla Salas</u>		
<input type="checkbox"/> Member	Address:	<u>29203 Red</u>	<input type="checkbox"/> Member	Address:	<u>29203 Red</u>		
<input checked="" type="checkbox"/> Authorized Person		<u>Hibiscus Court, Sorrento FL 32776</u>	<input checked="" type="checkbox"/> Authorized Person		<u>Hibiscus Court, Sorrento, FL 32776</u>		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input checked="" type="checkbox"/> Manager	Name:	<u>Marc Lajeunesse</u>	<input type="checkbox"/> Manager	Name:			
<input checked="" type="checkbox"/> Member	Address:	<u>29203 Red</u>	<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized Person		<u>Hibiscus Court, Sorrento, FL 32776</u>	<input type="checkbox"/> Authorized Person				
<input checked="" type="checkbox"/> Other		<u>President</u>	<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 Person			<input type="checkbox"/> Authorized Person				
<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.


Signature of an authorized person

Marc Lajeunesse
Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Micro Bio Tech, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 11/17/2020, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/24/2024.

A handwritten signature in black ink, reading "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202409244987574

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>