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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

2022 Aug -3 PM 1:17

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

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2022 Aug -4 11:2:11

FOREIGN PROFIT/NONPROFIT CORPORATION

Opal Labs Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

S. FRANKLIN

AUG - 5 2022

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Corporate Filing Menu

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Opal Labs Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 10/01/2010

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 555 SE MLK Jr. Blvd Suite 105 Portland OR 97214

(Principal office street address)

555 SE MLK Jr. Blvd Suite 105 Portland OR 97214

(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(City)

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Tom Glover

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2022 Nov 3 PM 1:17

A. DIRECTORS

Chairman Name: George Huff
 Vice Chairman Address: 555 SE MLK Jr. Blvd Suite 105
 Director Portland OR 97214
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Colin Savoy
 Vice Chairman Address: 555 SE MLK Jr. Blvd Suite 105
 Director Portland OR 97214
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jessica Carver
 Vice Chairman Address: 555 SE MLK Jr. Blvd Suite 105
 Director Portland OR 97214
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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.

12. Jessica Carver

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Jessica Carver Treasurer

 (Typed or printed name and capacity of person signing application)

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State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 965T105E9

I, *SHEMLIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

OPAL LABS INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



SHEMLIA FAGAN, SECRETARY OF STATE

8/1/2022

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