

## Secretary of State

LLC-5

## Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202464013316 Date Filed: 9/26/2024

For Office Use Only

-FILED-

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00  Certified Copy Fee (Optional) - \$5.00					
Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go thttps://www.ftb.ca.gov/.	٥	This Space For	Office U	lse Only	·
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Good Standing	j.)			
BioReset US, LLC					
1b. California Alternate Name, If Required (Only enter an alternat	e name if the LLC name in 1	a not available in C	alifornia.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing.)	<u> </u>			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaw	vare				
b. Authority Statement (Do not after Authority Statement)				معلمة لمم	m 2=
This LLC currently has powers and privileges to conduct busine					
3. Business Addresses (Enter the complete business addresses, Itel		O. Box or "in care o			
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)  North Palm Beach		State FL	Zip Code 33408	
630 U.S. Hwy 1, Third Floor  b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		ΓL State	Zip Code	
B. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no appreviations)		CA	2000	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:				1	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)			Zip Cod	e
Service of Process (Must provide either Individual OR Corporation, INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full in the complete Items 4b. Individual OR Corporation.		ldress.			
a. California Agent's First Name (If agent is not a corporation)	Middle Name	Last Name			Suffix
Barbara		Branaman		·	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State CA	Zip Coo	
3803 S Bascom Ave # 203	Campbell			95032	
CORPORATION - Complete Item 4c only. Only include the name of the I	-				
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	t complete item 4a or 4b				
<ol> <li>Read and Sign Below (Title not required.)</li> <li>By signing, I affirm under penalty of perjury that the information</li> </ol>	herein is true and corre	ect and that I an	n autho	rized to	sian
on behalf of the foreign bl.C.	Lauren Della S		ii audio	HEGU IU	Jigit
Signature	Type and Print N				
LLC-5 (REV 11/2023)	. 15-2	<del>.</del>	20 <b>23</b> Cali		etary of Stat

bizfileOnline.sos.ca.gov

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "BIORESET US, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIORESET US, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204492878

Date: 09-26-24

2710530 8300 SR# 20243796470

You may verify this certificate online at corp.delaware.gov/authver.shtml