DocuSign Envelope ID: D699C0D1-93DE-4E33-A911-E7D2D9512AE2

Application for Authority to Transact Business - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

Check the appropriate box below:

☒ FOREIGN BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

☐ FOREIGN PROFESSIONAL CORPORATION
(Complete all items)

FILED: OCT 14, 2022
OREGON SECRETARY OF STATE

202827697-23982323

REGISTRY NUMBER: 202827697
For office use only

DOC LAB, INC. **NEWAUT**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME OF CORPORATION:** Doc Lab, Inc.

NOTE: Must be identical to the name of record in home jurisdiction.

2) **REGISTRY NUMBER IN HOME JURISDICTION**

OR: **CERTIFICATE OF EXISTENCE** ☒ **(ATTACHED)**

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) **DATE OF INCORPORATION:** 10/10/2022

DURATION, IF NOT PERPETUAL:

4) **STATE OR COUNTRY OF ORGANIZATION:** Delaware

5) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:**
(Address, city, state, zip)
1915 NE Stucki Avenue, Suite 400
Hillsboro, Oregon 97006

6) **NAME OF OREGON REGISTERED AGENT:**
Roel Chavez

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an **Oregon Street Address** which is identical to the registered agent's business office.)
1915 NE Stucki Avenue, Suite 400
Hillsboro, Oregon 97006

8) **ADDRESS FOR MAILING NOTICES:**
1915 NE Stucki Avenue, Suite 400
Hillsboro, Oregon 97006

9) **NAME AND ADDRESS OF PRESIDENT AND SECRETARY:**

President: Roel Chavez
Address: 1915 NE Stucki Avenue, Suite 400
Hillsboro, Oregon 97006

Secretary: Roel Chavez
Address: 1915 NE Stucki Avenue, Suite 400
Hillsboro, Oregon 97006

PROFESSIONAL CORPORATION ONLY

10) **PROFESSIONAL/BUSINESS SERVICES:** (List professional service(s) and other business services, if applicable, to be rendered.)

11) **EXECUTION:** (Must be signed by at least one officer or director.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
DocuSigned by: Roel Chavez 80CE4DE7AE594F3... 10/11/2022	Roel Chavez	President

CONTACT NAME: (To resolve questions with this filing.)
Fawn Gomez

PHONE NUMBER: (Please include area code.)
214-866-0990

FEES
Required Processing Fee $275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."
Free copies are available at sos.oregon.gov/business, using the Business Name Search program.