

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA00000023
 Phone : (954)208-0845
 Fax Number : (614)573-3995

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

Email Address: accounting@onewillow.com

RECEIVED

SEP 25 PM 2:53

FLORIDA
 DIVISION OF CORPORATIONS
 STATE

**FOREIGN PROFIT/NONPROFIT CORPORATION
 WILLOW INNOVATIONS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2023 SEP 25 AM 7:37

APPROVED
 AND
 FILED

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. Willow Innovations, 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. DE 3. 47-2320219
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/9/2014 5. _____
(Date of incorporation) (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. 1975 W EL CAMINO REAL STE 306, MOUNTAIN VIEW, CA 94040-2218
(Principal office street address)

(Current mailing address, if different)

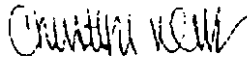
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

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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.

C T Corporation System 
By: Christine Kelm, Assistant Secretary
(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]:

A. DIRECTORS

Chairman Name: Laura Chambers

Vice Chairman Address: 1975 W EL CAMINO REAL

Director STE 306

President MOUNTAIN VIEW, CA 94040-2218

Vice President _____

Secretary Treasurer

Other _____ Other CFO

Chairman Name: Scott Becker

Vice Chairman Address: 1975 W EL CAMINO REAL

Director STE 306

President MOUNTAIN VIEW, CA 94040-2218

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Josh Makower

Vice Chairman Address: 1975 W EL CAMINO REAL

Director STE 306

President MOUNTAIN VIEW, CA 94040-2218

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Buzz Benson

Vice Chairman Address: 1975 W EL CAMINO REAL

Director STE 306

President MOUNTAIN VIEW, CA 94040-2218

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Nina Richardson

Vice Chairman Address: 1975 W EL CAMINO REAL

Director STE 306

President MOUNTAIN VIEW, CA 94040-2218

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Rob Barnann

Vice Chairman Address: 1975 W EL CAMINO REAL

Director STE 306

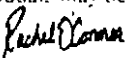
President MOUNTAIN VIEW, CA 94040-2218

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. 
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. Rachel O'Connor, Manager
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILLOW INNOVATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A. D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



5565992 8300

SR# 20233562907

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204227110

Date: 09-22-23