

F20000003714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

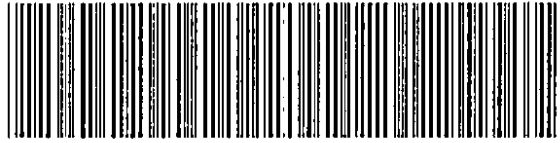
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2-90238

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2020 AUG 14 AM 10:00

2020 AUG 14 PM 12:26

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8/26/20

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 8/14/2020

PRIORITY Regular Approval

OUR REF # (Order ID#) 844205

ORDER ENTITY

ZEROEX, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
ZEROEX, INC. (FL)

File the attached foreign qualification document

NOTES:
\$70.00 Authorized
Email address for annual report reminders: invoices@0xproject.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2020 Aug 14 AM 10:05

**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. ZeroEx, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Ox Labs, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 84-5063127
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/7/2017 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 300 Beale St, San Francisco, CA 94105
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Corporation Service Company
Name: 1201 Hayes Street
Office Address: Tallahassee, Florida 32301
(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.

By: Laurie Tolman Laurie Tolman
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Will Warren

Address: 300 Beale St., San Francisco, Ca 94105

Director: Amir Bandeali

Address: 300 Beale St., San Francisco, Ca 94105

B. OFFICERS

President: Amir Bandeali

Address: 300 Beale St., San Francisco, Ca 94105

CEO: Will Warren

Address: 300 Beale St., San Francisco, Ca 94105

Secretary: Will Warren

Address: 300 Beale St., San Francisco, Ca 94105

Treasurer: Amir Bandeali

Address: 300 Beale St., San Francisco, Ca 94105

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Will Warren _____

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. Will Warren, Chief Executive Officer _____

(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 "ZEROEX, 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 FOURTEENTH DAY OF AUGUST, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZEROEX, INC." WAS INCORPORATED ON THE SEVENTH DAY OF MARCH, A.D. 2017.

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

2020 AUG 14 AM 10:05




Jeffrey W. Bullock, Secretary of State

6310999 8300

SR# 20206756775

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

Authentication: 203471999

Date: 08-14-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2020

INCORPORATING SERVICES, LTD.

SUBJECT: ZEROEX, INC
Ref. Number: W20000090238

We have received your document for ZEROEX, INC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 320A00015556

2020 AUG 25 PM 12:26

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