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7/23/20

COVER LETTER

Division of	of Corporations			
SUBJECT: OZ	MO HOLDINGS, INC.			4
	Name c	of corporation -	must include suffix	
Dear Sir or Madar	n:			·
"Certificate of Exi	plication by Foreign Co stence," or "Certificate oreign corporation to tr	of Good Standin	ng" and check are subm	
Please return all correspondence concerning this matter to the following:			2020 TAL	
DAVID CATALAS	•	C	C	FT 12020 JUL
		Name of Pe	rson	13. O
OZMO HOLDING	S. INC.			PH II
213 DRAPER ROA	.D SW	Firm/Compa	ny	1) 1: 06
		Address		
BLACKSBURG, V	A 24060			
		City/State and	Zip code	
BROWN.EDWARI	DS@OZMOAPP.COM	/: 1 P		
For further inform	e-mail address		future annual report no	uncation)
JAMIE DUNN		540 at ()	443-3606	
Name of		Area Code		one Number
Registration Division of The Central 2415 N. M	COURIER ADDRESS on Section of Corporations e of Tallahassee fonroe Street, Suite 810 ee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	k for the following amo ayable to: FLORIDA DE ce	PARTMENT O g Fee & □ \$	F STATE 78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

E OZMO HOLD	INGS, INC.	Thomas	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED, "orp," "Inc," "Co." or "Corp.")	" "COMPANY," "CORPORATION."	
OZMO, INC.			
(If name unavai	lable in Florida, enter alternate cornorate name	adopted for the purpose of transacting business in Florida)	
- 5 DELAWARE	and and another corporate name	47-5658568 (FEI number, if applicable)	
(State or country	3. ry under the law of which it is incorporated)	/EEL growbay (formall and a	
4. JANUARY I. 2	2016	2020	
t Date	of incorporation)	(Date of duration, if other than perperual)	•
6			
	(Date first transacted business in ISEE SECTIONS 607.1501 & 607.15	Florida if prior to regionation	17
7. <u>213 DRAPER R</u> 0	DAD SW BLACKSBURG, VA 24060	F.S. L.	المس
	(Principal offi	102, F.S., to determine penalty liability) Ce street address)	
	(Correct maili-	g address, if different)	
8. Name and stree Name:	et address of Florida registered agent: (P.O CT CORPORATION SYSTEM	. Box <u>NOT</u> acceptable)	
Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	Florida 33324	
	(City)	(Zip code)	
further agree to co	ed as registered agent and to accept servic	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. lative to the proper and complete performance of my duti ition as registered agent.	I ies,
In Amak 12	(Flegistered agent s sig	Olga Hinkel, VP	
	ertificate of existence duly authenticated, no State, by the Secretary of State or other offi nich it is incorporated.	of more than 90 days prior to delivery of this application to delivery of this application to delivery of the jurisdiction of the purisdiction of	o n

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

A. DIRECTORS			A A BANK HEBINAIC TAN		
□Chairman	Name: DAVID CATALANO	□ Chairman	Name: AARON HERRINGTON		
□Vice Chairman	Address: 213 DRAPER ROAD SW	□Vice Chairman	Address: 213 DRAPER ROAD SW		
■Director	BLACKSBURG, VA 24060	■ Director	BLACKSBURG, VA 24060		
President		□President			
□Vice President		■ Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Other	Other	□Other		
□ Chairman	Name:	□ Chairman	Name:		
∐Vice Chairman	Address;	□Vice Chairman	Address:		
□Director		□Director			
□President		□President	The P M		
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	Treasurer		
Other		Other	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	□Other	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

DAVID CATALANO

s.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OZMO HOLDINGS, 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-FIFTH DAY OF JUNE 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 "OZMO HOLDINGS, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2016.

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

Authentication: 203179836

Date: 06-25-20

5873518 8300 SR# 20205917634