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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 : (561)214-8442 Fax Number

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Wisq Inc.

Certificate of Status	1
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Estimated Charge	\$87.50

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## 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.

l. <u>Wisq Inc.</u> (Enter name of co	rporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")		
	ble in Florida, enter alternate corporate name a		
2. DE	3		
(State or country	under the law of which it is incorporated)	(FEI number, if applica	pie)
1. March 29.	March 29, 2021 5. (Date of incorporation) (Date of duration, if other than perpetual)		
(Date	(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 & 607.150	2, F.S., to determine penalty liability)	
7	Colhemus Avenue, Atherton, CA 94027		
	(Рппсіраї опіс	e <u>street</u> address)	
	(Current mailing	address, if different)	
			ş. 182
8. Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)	THE 24 PH 4: 18
Name:	NRAI Services, Inc.		P 24 F
Office Address:	1200 South Pine Island Road		至三
		, Florida <u>33324</u>	75.
	(City)	(Zip code)	型。 る
9. Registered age	ent's acceptance:		·
Havine heen nam	ed as registered agent and to accept service	e of process for the above stated con	rporation at the place
decionated in this	application. I hereby accept the appointm	ent as registered agent and agree to	act in this capacity. I
further agree to c	omply with the provisions of all statutes re	lative to the proper and complete pe	erjormance oj my autie
and I am familiar	with and accept the obligations of my pos	mon as regisiereu agent	
_	Kätty Vicara (Registered agent's sig		_
	—- <i>»</i>		

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

under the law of which it is incorporated.

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

A. DIRECTO	RS
------------	----

A. DIRECTORS					
□ Chairman	Name: <u>James Barnett</u>	□ Chairman	Name: Samuel Angus		
□ Vice Chairman	Address: 232 Polhemus Avenue	□Vice Chairman	Address: 232 Polhemus Avenue		
☑Director	Atherton, CA 94027	□Director	Atherton, CA 94027		
∰ President		□President			
☐ Vice President		□Vice President			
<b>⊠</b> Secretary	□Treasurer	Secretary	□Treasurer		
⊠Other <u>Chief Fin</u>	ancial Officer Other	XOther <u>Assistant</u>	Secretary Other		
□ Chairman	Name: Goutham Kurra	□Chairman	Name: Myoung Kang		
	Address: 232 Polhemus Avenue	□Vice Chairman	Address: 232 Polhemus Avenue		
⊠Director	Atherton, CA 94027	□Director	Atherton, CA 94027		
□President		□President			
□ Vice President		☐ Vice President			
☐ Secretary	Treasurer	□ Secretary	□Treasurer		
☑OtherAssista	nt Secretary (SOther Chief Product Officer	⊠Other Chief Fi	nancial Officer Other		
□ Chairman	Name: Chih-Po Wen	□ Chairman	Name: Page 17		
□Vice Chairman	Address: 232 Polhemus Avenue	□Vice Chairman	Address:		
□Dircctor	Atherton, CA 94027	Director			
☐ President		President			
□Vice President		□Vice President			
Secretary	☐ Treasurer	Secretary	□Treasurer		
©Other <u>Chief T</u>	echnology Officer Other	□Other	Other		
individuals may b	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Departm	ient of State Annual I	ged for reporting purposes only. Non-indexed Report form.		
12.	Jim Base Signature of Director	eti			
	Signature of Director	or Officer			
The officer or dir she is aware that s.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Depar	er 11 above) affirms riment of State consti	that the facts stated herein are true and that he or itutes a third degree felony as provided for in		
13	3. James Barnett, CEO  (Typed or printed name and capacity of person signing application)				

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WISQ 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WISQ INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

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





Authentication: 204168565

Date: 09-15-21

5702866 8300 SR# 20213258312