## F22000003502

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POTENTIARY DE STATE

## **COVER LETTER**

TO:	Registration S Division of C		
CHDI	ECT.	Exosonic, Inc	o.
SUBJ	ECT:	Name of corporation	on - must include suffix
Dear S	Sir or Madam:		
"Certi	ficate of Exister	eation by Foreign Corporation for nce," or "Certificate of Good Straign corporation to transact busing	or Authorization to Transact Business in Florida," anding" and check are submitted to register the ness in Florida.
Please	return all corre	espondence concerning this matt	ter to the following:
		Norris Tie	
		Name o	of Person
		Exoson	nic, Inc.
-		Firm/Co	ompany
		2291 W. 20	5th Street, Suite 101
		Ad	dress
		Torrance,	CA 90501-1449
		City/State	e and Zip code
		norris@e	exosonic.com
<del></del>	<u> </u>	E-mail address: (to be use	ed for future annual report notification)
For fi	arther informati	on concerning this matter, pleas	se call:
No	rris Tie	at ( 408	8 ) 624-6859
	Name of Pe		<del></del>
	Registration Division of C The Centre C	Corporations of Tallahassee nroe Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Pleas	osed is a check e make check pay 70.00 Filing Fee	for the following amount: yable to: FLORIDA DEPARTME  S78.75 Filing Fee & Certificate of Status	ENT OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

1.	Exoson	ic, Inc.					
		orporation; must include " orp," "Inc," "Co," or "Corp		)," "C	OMPANY," "CORPORATION,"		
(	(If name unavaila	ble in Florida, enter altern	nate corporate nam	e adop	ted for the purpose of transacting	business in Florida	<u> </u>
2.	Delawa	re	. <u>.</u>	· · ·	84-2214510		
	(State or country	Delaware  State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4.	6-21-2019 (Date of incorporation)		5	5			
••					(Date of duration, if other the	an perpetual)	_
6.			April 11				
					ida, if prior to registration) F.S., to determine penalty liability	·)	_
7. 7901 4th St N, STE 300, St. Petersburg , FL 3370							
··_			(Principal of	fice <u>st</u>	reet address)		
		2261 M	arket St #409	1. Sa	n Francisco, CA 94114		
_	•	<del></del>			lress, if different)		-
8.	Name and <u>stree</u> Name:	t address of Florida regi Registered Ager		.О. Вс	x <u>NOT</u> acceptable)	ZOZZEJY PROKEDY	7 m
Offic	ice Address:	_7901 4th St N, S	TE 300			1887. OF	
		St. Petersbu			, Florida 33702 (Zip code)	PH 4: 20 OF STATE SEE, FL	C

## 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.

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.

A. DIRECTORS				T' - Marchaeld
□Chairman	Name: Norris Tie	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	2261 Market St #4091
☐ Director	San Francisco, CA 94114	Director	San	Francisco, CA 94114
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□Secretary		□Treasurer
⊠OtherCE	OOther	⊠Other CTO	<del></del>	□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	
□Director		□Director		
□President		□President		
		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
Other		Other		Other
		70.	N	
□Chairman	Name:	□Chairman		
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary		Treasurer
□Other	Other	Other		Other
individuals may	e: Use an attachment to report more than six (6). The attable be added to the index when filing your Florida Departm	ient of State Annual R	ed for report Leport form.	ting purposes only. Non-indexed
12	Signature of Director	C		
m cc 4:	rector signing this document (and who is listed in numb t false information submitted in a document to the Depar	er 11 above) affirms (	that the facts tutes a third	s stated herein are true and that he o degree felony as provided for in
13	Norris Tie, CEO  (Typed or printed name and capacity of per-	<del>-</del>		
<u> </u>	(Typed or printed name and capacity of per-	son signing application	n)	



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

DELAWARE, DO HEREBY CERTIFY "EXOSONIC, 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 THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXOSONIC, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2019.



Authentication: 203327870

Date: 05-03-22