(Requestor's Name)			
(Åddress)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(011)/01010/12/9/110/10/11/			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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S. FRANKLIN
JUL 1 2 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 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 Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 7/11/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1053134

ORDER ENTITY

OWL LABS (DE), INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
OWL LABS (DE), INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: dan.kaltenbach@owl.co

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 couner package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 11, 2022 Page 1 of 1

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.

Owl Labs (DE).	Inc.		
	orporation; must include "INCORPORATED," " orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ess in Florida)
2. Delaware	3.		
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4	of incorporation) 5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
500 Yale Avenue	North (1st Floor), Seattle, WA 98109	, i.e., ie eelenning panaig int inig ,	- 1
	(Principal office	street address)	1022
500 Yale Avenue North (1st Floor), Seattle, WA 98109			([]:
	(Current mailing a	ddress, if different)	2022 3.3.11
8. Name and street Name:	et address of Florida registered agent: (P.O. I Registered Agent Solutions, Inc.	Box <u>NOT</u> acceptable)	F;412: 44
Office Address:	155 Office Plaza Dr., Suite A		,,
	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.

(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 Name: Shahab Merat Maor Amar ☐ Chairman □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: 500 Yale Avenue North (1st Floor) 500 Yale Avenue North (1st Floor) Director Director Seattle, WA 98109 Seattle, WA 98109 President □President □Vice President _____ □Vice President ☐ Treasurer Secretary □ Secretary ☐ Treasurer □Other □Other _____ □Other _____ ☐Other _____ Name: Dan Kaltenbach Kellan Carter □ Chairman □ Chairman Name: □Vice Chairman Address: ____ □ Vice Chairman Address: 500 Yale Avenue North (1st Floor) 500 Yale Avenue North (1st Floor) □ Director ■ Director Seattle, WA 98109 Seattle, WA 98109 □President □ President □ Vice President □ Vice President Treasurer 77 Treasurer □ Secretary □ Secretary ■Other CFO □Other _____ ☐ Other _____ □Other ___ Prashanth Bóccasam \square Chairman ☐ Chairman □Vice Chairman Address: □Vice Chairman Address: 500 Yale Avenue North (1st Floor) 500 Yale Avenue North (1st Floor) ■ Director ■ Director Seattle, WA 98109 Seattle, WA 98109 □President □President □Vice President ______ □ Vice President ☐ Secretary ☐ Treasurer □ Secretary Treasurer □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. Dan Faltenback 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. Dan Kaltenbach - Chief Financial Officer

(Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OWL LABS (DE), 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 EIGHTH DAY OF JULY, A.D. 2022.

BEEN FILED TO DATE.

INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2021.

ID I DO HEREBI .

FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

TO TO DATE.

PHYSICAL

P BEEN PAID TO DATE.

Authentication: 203869300

Date: 07-08-22

6154561 8300 SR# 20222940814