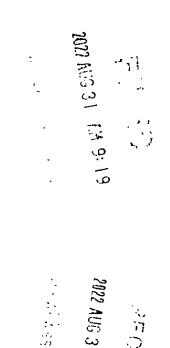
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(Requestor's Name)
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S. ROBERTS AUG 3 1 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 08/31/2022

D	Date: 08/31/2022
	Acc#I20160000072
Name:	EXSPHERE US INC.
Document #:	
Order #:	14517045
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75

Thank you!

COVER LETTER

TO:	FO: Registration Section Division of Corporations				
SUBJ	ECT: Exsphere US Inc.				
	Name	of corporation	must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Closed "Application by Foreign Close of Existence," or "Certificate foreign corporation to	te of Good Stand	ing" and check are sub-		
Please	return all correspondence concer	ning this matter t	o the following:		
Whitne	y Bishop				
		Name of P	erson	_	
Fenwic	k & West LLP				
		Firm/Comp	any		
1191 2	nd Ave, Fl 1000				
		Addres	SS		
Seattle	. WA 98117				
		City/State an	d Zip code		
vivien(@exsphere.com				
	E-mail addre	ss: (to be used fo	r future annual report n	notification)	
For fur	ther information concerning this	matter, please ca	II:		
Whitney Bishop at (206) 913-4300 Name of Person Area Code Daytime Telepho					
	Name of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	ed is a check for the following an make check payable to: FLORIDA I .00 Filing Fee	DEPARTMENT (ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(ii name unavaii	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)	
DE	3 88	8-1076916		
	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
4. 02/23/2022	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
5				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	
68 SE 6th St, Roo	om 2302, Miami, FL 33131			
·	(Principal office	street address)		
			2027	
	(Current mailing a	address, if different)	2021 AUS	
		Now III	မ တ	. 1
8. Name and <u>stree</u>	et address of Florida registered agent; (P.O. I	Box NOT acceptable)	==	1
Name:	Katherine Worden		AM 9:	1.
Office Address:	68 SE 6th St, Room 2302		19	
	Miami	, Florida	, &	
	(City)	(Zip code)		
Having been nam designated in this	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and agree	to act in this capaci performance of my	ty. 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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	Katherine Worden		Troy Tsui				
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address: 68 SE 6th St. Room 2302	☐ Vice Chairman	Address: 68 SE 6th St, Room 2302				
■Director	Miami, FL 33031	□Director	Miami, FL 33031				
□President		■ President					
□Vice Presidem		□Vice President					
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer				
□Other	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				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□ Vice President		□Vice President	<u>.</u>				
□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 s.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EXSPHERE US 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 THIRTIETH DAY OF AUGUST, A.D. 2022.

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

Authentication: 204282530

Date: 08-30-22

6636767 8300 SR# 20223401135