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COVER LETTER

10:	_	on of Corporations			
SUBJI	ECT:	Sila Nanotechnologies, Inc.			
50.50	2011	Name of	f corporation	n - must include suffix	
Dear Si	ir or M	adam:			
"Certif	icate of		of Good Star	Authorization to Transact Businding" and check are submitted ess in Florida.	
Please	return a	all correspondence concernin	g this matte	r to the following:	
Amy D	uncan				
			Name of	Person	F-3
Sila Na	inotechn	ologies, Inc.			
	*		Firm/Con	npany	
2470 M	lariner S	Square Loop			
			Addr	ress	
Alamed	da, CA,	94501			3; O
			City/State a	and Zip code	
legal.no	otices@	silanano.com			
		E-mail address:	(to be used	for future annual report notifica	tion)
For fur	ther inf	formation concerning this ma	tter, please	call:	
Amy D	uncan	a	408 ut (475-7452	
	Name	e of Person	Area Cod	Daytime Telephone N	lumber
	Regis Divisi The C	EET/COURIER ADDRESS tration Section ion of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
	nake ch	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	☐ \$78.75 Filing Fee & ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	\$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.

1. Sila Nanotechno	<u> </u>		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
Delaware .	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable))
August 4, 2011	5		
(Date	of incorporation)	(Date of duration, if other than perp	petual)
·	(Date first transacted business (SEE SECTIONS 607.150) & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2470 Mariner Squ	uare Loop, Alameda, CA, 94501	out, r.s., to estatisme positiny mainty)	
-	(Principal of	fice street address)	
			تبم
	(Current maili	ng address, if different)	 ;
. Name and stree	t address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System		•
ffice Address:	1200 South Pine Island Road		. 3:12
	Plantation	Florida 33324	12
	(City)	, Florida 33324 (Zip code)	
laving been nam esignated in this urther agree to c	application, I hereby accept the appoint	ice of process for the above stated corpor ment as registered agent and agree to act relative to the proper and complete perfo osition as registered agent.	t in this capacity.
<u>.</u>	Nuclear Assistant (Registered agent's	Secretary	
0. Attached is a	certificate of existence duly authenticated	, not more than 90 days prior to delivery o	of this application

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			
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 2470 Mariner Square Loop	□Vice Chairman	Address: 2470 Mariner Square Loop
□Director	Alameda, CA, 94501	Director	Alameda, CA, 94501
□President		□President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	□Other
	Mark Tanoury	□ Chairman	Name:
□Vice Chairman	3175 Hanover Street Address:	□Vice Chairman	2470 Mariner Square Loop
Director	Palo Alto, CA, 94304	Director	Alameda, CA, 94501
President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	☐ Treasurer . ·
□Other	□Other	Other VP, Gene	eral Counsel
			-0 -0
☐ Chairman	Name:	□ Chairman	 Name: ين
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	☐ Treasurer
□Other	Other	Other	Other
individuals may be	-	of State Annual Re	port form.
		ii adovejainims th	at the facts stated herein are true and that he or
s.817.155, F.S.	lse information submitted in a document to the Departm		

(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 "SILA NANOTECHNOLOGIES, 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 NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILA NANOTECHNOLOGIES, INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 2011.

2 - C



Authentication: 204813261

Date: 11-09-22