

F23000002313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

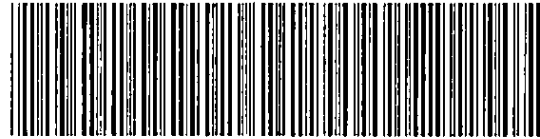
(Document Number)

Copies _____

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Instructions to Filing Officer:

Office Use Only



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DIRECTOR OF REVENUE
TALLAHASSEE, FLORIDA

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APR 21 2023

K. Brumblay

W23-55242

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: Cat 4/14

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** **FOREIGN INC** _____

1. **OSSO VR, INC.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osso VR, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Niccolo Barber

Name of Person

Osso VR, Inc.

Firm/Company

548 Market Street, #78848

Address

San Francisco, CA 94104-5401

City/State and Zip code

compliance@ossovr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Niccolo Barber

at (202) 423-5273

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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. Osso VR, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-3675815
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/19/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 548 Market St., #78848, San Francisco, CA 94104-5401
(Principal office street address)
548 Market St., #78848, San Francisco, CA 94104-5401
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Brian Wenzel

(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.

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

A. DIRECTORS

☐ Chairman Name: Justin Barad, CEO

☐ Vice Chairman Address: 548 Market St.

☒ Director #78848

☐ President San Francisco, CA 94104-5401

☐ Vice President USA

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: Josh Willeford, CFO

☐ Vice Chairman Address: 548 Market St.

☒ Director #78848

☐ President San Francisco, CA 94104-5401

☐ Vice President USA

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: Stacie Frederick, CTO

☐ Vice Chairman Address: 548 Market St.

☐ Director #78848

☐ President San Francisco, CA 94104-5401

☐ Vice President

☐ Secretary ☐ Treasurer

☒ Other ☐ Other

☐ Chairman Name: Heather Gervais, CRO

☐ Vice Chairman Address: 548 Market St.

☐ Director #78848

☐ President San Francisco, CA 94104-5401

☐ Vice President

☐ Secretary ☐ Treasurer

☒ Other ☐ Other

☐ Chairman Name: Wayne Hu

☐ Vice Chairman Address: 548 Market St.

☒ Director #78848

☐ President San Francisco, CA 94104-5401

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: Sunny Kumar

☐ Vice Chairman Address: 548 Market St.

☒ Director #78848

☐ President San Francisco, CA 94104-5401

☐ Vice President

☐ Secretary ☐ Treasurer

☐ 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. Josh Willeford
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.

13. Josh Willeford, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

☐ Chairman Name: Vignesh Chandramouli
☐ Vice Chairman Address: 548 Market St.
☒ Director # 78848
☐ President San Francisco, CA 94104-5401
☐ Vice President USA
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Bryan Sivak
☐ Vice Chairman Address: 548 Market St.
☒ Director # 78848
☐ President San Francisco, CA 94104-5401
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSSO VR, 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 THIRTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSSO VR, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2016.

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



6128520 8300

SR# 20231437795

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203138048

Date: 04-13-23