

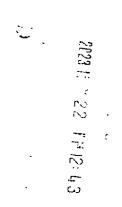
(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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JUN - 3 2023

## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	IMMERSIVELY INC			
		of corporation	- must include suffix	
Dear Sir or M	Aadam:			
"Certificate of	1"Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Stan	ding" and check are sub-	
Please return	all correspondence concerni	ng this matter	to the following:	
CHI CHOW				
		Name of	Person	
KIM YEUNG	LING PC			
		Firm/Con	npany	
1010 RACE \$	ST 1ST FL SUITE 3			
	<u> </u>	Addr	ess	
PHILADELP	HIA PA 19107			
		City/State a	nd Zip code	
CRYSTAL@	KIMLINGCPA.NET			
	E-mail address	(to be used	for future annual report n	otification)
For further in	nformation concerning this m	atter, please o	eall:	
CHI CHOW	CHI CHOW at (215 ) 922-2684			
Nan	ne of Person	Area Cod		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	
Enclosed is a Please make c	a check for the following ame heck payable to: FLORIDA DI ling Fee	EPARTMENT g Fee & - I	OF STATE \$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.

13.43.41213.613.4124.37.131.63

(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transact	ing business in Florida)	
STATE OF DELAWARE  (State or country under the law of which it is incorporated)  3. 99		92-0263412		
(State or country	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)	
08/26/2022	5			
(Date 05/15/2023	of incorporation)	(Date of duration, if other than perpetual)		
303 TWIN DOLI	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150 PHIN DRIVE 6TH FL, REDWOOD CITY CA 9	2, F.S., to determine penalty liab	ility)	
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)		
. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	_	
Name:	PARKER MILLER		2023	
Office Address:	1251 RAY CHARLES BLVD APT 1533	<del></del>	2021 F 55 F. E. 15:	
	TAMPA	. Florida <sup>33602</sup>	(N)	
	(City)	(Zip code)	<del>.</del>	
			<del></del>	

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.

(Registered agent's signature)

Kasher Mille

A. DIRECTORS			
□Chairman	Name: YANG ZHAO	□Chairman	Name:
□Vice Chairman	Address: 303 TWIN DOLPHIN DRIVE 6TH	□Vice Chairman	Address:
Director	REDWOOD CITY CA 94065	□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	
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
□Chairman	Name:	∏Chairman	Name:
	Address:		Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□lOther	
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.			



## State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9096343 KIM YEUNG LINC, P.C. 1010 RACE ST 1ST FLOOR STE 3 PHILADELPHIA, PA 19107

04-24-2023

ATTN:	CHI	^	CH	10	14/
ALLIV:	Lnı	L	Ln	w	Vν

DESCRIPTION		AMOUNT
6994604 - IMMERSIVELY INC. Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	BALANCE	\$0.00

Page 1



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

DELAWARE, DO HEREBY CERTIFY "IMMERSIVELY 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMERSIVELY INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2022.



Authentication: 203205527

Date: 04-24-23