

M20000001390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

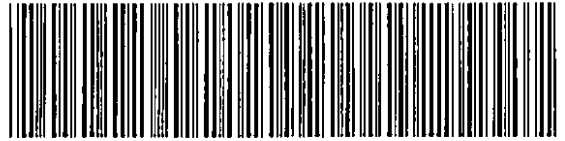
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400340251514

20 FEB 11 04 15:56

2020 FEB -11 AM 10:51

SBF
2/5/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 100639 4331939

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 13, 2019

ORDER TIME : 11:20 AM

ORDER NO. : 100639-025

CUSTOMER NO: 4331939

FOREIGN FILINGS

NAME: OCREA RISK SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2020 FEB -4 AM 10:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocrea Risk Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mike McNeerney

Name of Person

Firm/Company

625 Market Street, Suite 200

Address

San Francisco, CA 94105

City/State and Zip Code

MCM@ARCEO.AI

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

For further information concerning this matter, please call:

Mike McNeerney

202

423-3133

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2020 FEB -4 AM 10:51

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ocrea Risk Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

DE

83-2030370

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

625 Market Street, Suite 200

625 Market Street, Suite 200

5. (Street Address of Principal Office)

6. (Mailing Address)

San Francisco, CA 94105

San Francisco, CA 94105

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

32301

(City)

, Florida

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Corporation Service Company

By: 

(Registered agent's signature)

Kadesha Roberson
Asst. Vice President

2026 FEB -1, AM 10:51

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/>	Manager	Name:	Vishaal Hariprasad	<input checked="" type="checkbox"/>	Manager	Name:	Raj Shah
<input type="checkbox"/>	Member	Address:	625 Market Street, Suite 200	<input type="checkbox"/>	Member	Address:	625 Market Street, Suite 200
<input type="checkbox"/>	Authorized			<input type="checkbox"/>	Authorized		
	Person		San Francisco, CA 94105		Person		San Francisco, CA 94105
<input type="checkbox"/>	Other			<input type="checkbox"/>	Secretary		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		
<input type="checkbox"/>	Manager	Name:	Arceo Labs, Inc.	<input type="checkbox"/>	Manager	Name:	
<input checked="" type="checkbox"/>	Member	Address:	625 Market Street, Suite 200	<input type="checkbox"/>	Member	Address:	
<input type="checkbox"/>	Authorized			<input type="checkbox"/>	Authorized		
	Person		San Francisco, CA 94105		Person		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		
<input type="checkbox"/>	Manager	Name:		<input type="checkbox"/>	Manager	Name:	
<input type="checkbox"/>	Member	Address:		<input type="checkbox"/>	Member	Address:	
<input type="checkbox"/>	Authorized			<input type="checkbox"/>	Authorized		
	Person				Person		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		
<input type="checkbox"/>	Other			<input type="checkbox"/>	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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Vishaal Hariprasad

Typed or printed name of signer

2020 FEB -4 AM 10:51

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCREA RISK SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCREA RISK SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2018.

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

2020 FEB -4 AM 10:51




Jeffrey W. Bullock, Secretary of State

7046301 8300

SR# 20200681693

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

Authentication: 202292471

Date: 01-30-20