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(City/State/Zip/Phone #)

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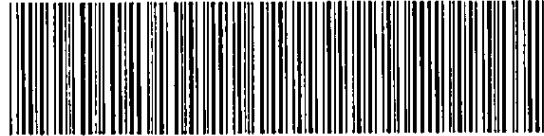
(Business Entity Name)

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/10/20

NAME: DOXIM STRIATA LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a+hodge

2009-09-10 PM 11:56

**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. Doxim Striata 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.")

2. Delaware 3. 85-1997149
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 10, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2200 Production Drive 6. 1380 Rodick Road, Suite 102
(Street Address of Principal Office) (Mailing Address)
Indianapolis, IN 46271 Markham, Ontario L3R 4G5
Canada

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

Name: Florida Filing & Search Services Inc.
Office Address: 155 Office Plaza Drive, Suite A
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.

Abbie Hedge
(Registered agent's signature)

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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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Travis Pearson

☐ Member Address: 188 The Embarcadero

☐ Authorized Suite 700

Person San Francisco, CA 94105

☐ Other ☐ Other

☒ Manager Name: Jeff Sheu

☐ Member Address: 188 The Embarcadero

☐ Authorized Suite 700

Person San Francisco, CA 94105

☐ Other ☐ Other

☒ Manager Name: John Wang

☐ Member Address: 188 The Embarcadero

☐ Authorized Suite 700

Person San Francisco, CA 94105

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Michael Rogalski

☐ Member Address: 1380 Rodick Road, Suite 102

☐ Authorized Markham, ON L3R 4G5

Person Canada

☒ Other President & CEO ☐ Other

☐ Manager Name: Steven Horniak

☐ Member Address: 1380 Rodick Road, Suite 102

☐ Authorized Markham, ON L3R 4G5

Person Canada

☒ Other CFO, Sec, Treas ☐ Other

☐ Manager Name: Mike Hennessy

☐ Member Address: 1380 Rodick Road, Suite 102

☐ Authorized Markham, ON L3R 4G5

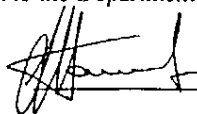
Person Canada

☒ Other CRO ☐ 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

Steven Horniak

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOXIM STRIATA 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 NINTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOXIM STRIATA LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2020.

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

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SR# 20207187773

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.

Authentication: 203624800

Date: 09-09-20