

# M24000012350

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000325520 3)))



H240003255203ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, CORPORATE  
Account Number : I20160000074  
Phone : (407)839-4277  
Fax Number : (407)839-4264

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: EastTeam1@wolterskluwer.com

FILED  
2024 SEP 24 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

Foreign Limited Liability Company  
Oxa Autonomy (US) LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

M. SOLOMON  
SEP 30 2024

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Oxa Autonomy (US) 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

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

37-2089921

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0924 & 605.0905, F.S., to determine penalty liability)

5. 6900 Tavistock Lakes Blvd, Suite 400

(Street Address of Principal Office)

Orlando

Florida, 32827, United States of America

6. 6900 Tavistock Lakes Blvd, Suite 400

(Mailing Address)

Orlando

Florida, 32827, United States of America

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

FILED  
2024 SEP 24 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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.

C T Corporation System

(Registered agent's signature)

Theresa Buck, Assistant Secretary

DocuSign Envelope ID: B363ACD3-2E73-4309-98F5-7E890AF54D46

Fax Audit No. H24000325520 3

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 type="checkbox"/> Manager	Name: <u>Gavin Jackson</u>	<input type="checkbox"/> Manager	Name: <u>Ryan Smith</u>
<input type="checkbox"/> Member	Address: <u>8050 Alec Issigonis Way</u>	<input type="checkbox"/> Member	Address: <u>6900 Tavistock Lakes Blvd</u>
<input checked="" type="checkbox"/> Authorized	<u>Oxford Business Park North, Oxford</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 400</u>
Person	<u>Oxfordshire, England, OX4 2HW</u>	Person	<u>Orlando, Florida, 32827</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Oxa Autonomy Ltd</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8050 Alec Issigonis Way</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Oxford Business Park North, Oxford</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Oxfordshire, England, OX4 2HW</u>	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 _____

FILED  
 2024 SEP 24 PM 4:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**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.

Signed by:

Ryan Smith

285CCC4F8CC942B5 Signature of an authorized person

Ryan Smith

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "OXA AUTONOMY (US) 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OXA AUTONOMY  
(US) LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D.  
2023.

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



7314879 8300

SR# 20243759938

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204458486

Date: 09-23-24