

F2S 00000 1077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

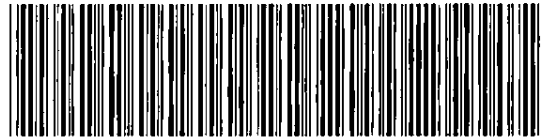
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oxio Corporation

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:

Peter Polack

Name of Person

OXIO c/o taxTheta

Firm/Company

147 Prince Street

Address

Brooklyn, NY 11201

City/State and Zip code

regulatorygroup@taxtheta.com

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

For further information concerning this matter, please call:

Peter Polack

at (917) 694-7246

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. OXIO Corporation
(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. DE 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/27/2018 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5 W 19th Street, Suite 2C, New York, NY 10011
(Principal office street address)

(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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.


(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]:

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STATE OF FLORIDA
DEPARTMENT OF STATE

A. DIRECTORS

☐ Chairman Name: Please see addendum

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ 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. _____
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. Nicolas Girard, Chief Executive Officer

(Typed or printed name and capacity of person signing application)

**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**

Addendum

• **ITEM 11A.**

a. Chief Executive Officer

- Name: Nicolas Girard
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

b. Chief Operating Officer

- Name: Glenn Teuber
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

c. Chief Corporate Development Officer

- Name: Sean Hannan-Bobe
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

d. Chief Growth Officer

- Name: Angela Lim

Applicant Name: OXIO Corporation
5 West 19th Street, New York, NY 10011
legal@oxio.io

For Any Filing Issues, Please Contact:
taxTheta, inc. (ATTN: Peter Polack)
917-694-7246
regulatorygroup@taxtheta.com

- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

e. Chief Design Officer

- Name: David Gavazzi
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

f. Chief Technology Officer

- Name: Adil Belihomji
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

g. Director

- Name: Ryan Navi
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

h. Director

- Name: Matt Shapiro
- Mailing address: 1999 Bryan St. Suite 900
- City: Dallas
- State: Texas
- Zip Code: 75201

i. Director

- Name: Dan Conner
- Mailing address: 160 GREENTREE DR STE 101

Applicant Name: OXIO Corporation
 5 West 19th Street, New York, NY 10011
 legal@oxio.io

For Any Filing Issues, Please Contact:
 taxTheta, Inc. (ATTN: Peter Polack)
 917-694-7246
 regulatorygroup@taxtheta.com

- City: Dover
- State/Province: DE
- Zip Code: 19904

j. Name: Edward Davies

- Mailing address: 136 Baxter Street, 3AB
- City: New York
- State/Province: NY
- Zip Code: 10013

k. Director

- Name: Nicolas Girard
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

l. Director

- Name: Sean Hannan-Bobe
- Mailing address: 5 West 19th Street
- City: New York
- State/Province: NY
- Zip Code: 10011

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OXIO CORPORATION" 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 SIXTH DAY OF DECEMBER, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OXIO CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2018.


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



6773656 8300

SR# 20244381234

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


Jeffrey W. Bullock, Secretary of State

Authentication: 205059497

Date: 12-06-24