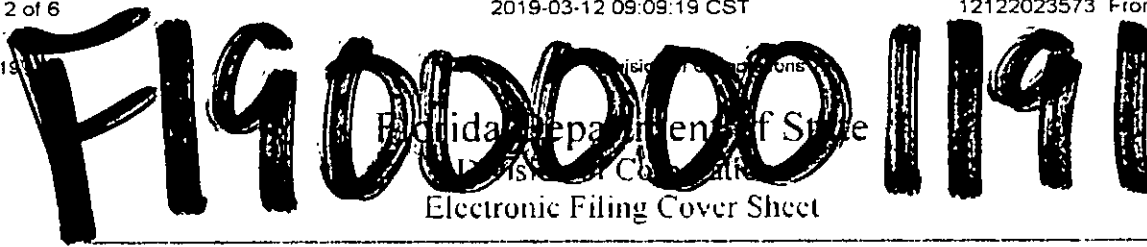


3/12/2019



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.

((H19000083115 3))



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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

2019 MAR 12 PM 12:41

FILED

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Tango Card, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2019 MAR 12 PM 12:41

S. PRATHEE

Electronic Filing Menu

Corporate Filing Menu

Help

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. TANGO CARD, INC.
(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. Washington 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/2009 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4700 42ND AVE SW STE 430A, SEATTLE, WA, 98116-4589, UNITED STATES
(Principal office address)

(Current mailing address, if different)

8. 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, Florida 33324
(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.

C T Corporation System

By: Michelle Fair, Michelle Fair, Asst. Secretary
(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David Leeds
Address: 4700 42nd Ave SW Suite 430A, Seattle, WA 98116

Vice Chairman: Director: Kevin Riegelsberger, 4700 42nd Ave SW, Suite 430A, Seattle, WA 98116
Address: _____

Director: Chris Winship, 4700 42nd Ave SW, Suite 430A, Seattle, WA 98116
Address: _____

Director: Robert Anderson, 4700 42nd Ave SW, Suite 430A, Seattle, WA 98116
Address: _____

Director: Julie Maples, 4700 42nd Ave SW, Suite 430A, Seattle, WA 98116

B. OFFICERS

President: David Leeds
Address: 4700 42nd Ave SW Suite 430A, Seattle, WA 98116

Vice President: _____
Address: _____

Secretary: Chase Libbey
Address: 4700 42nd Ave SW Suite 430A, Seattle, WA 98116

Treasurer: Carrie Casanas
Address: 4700 42nd Ave SW Suite 430A, Seattle, WA 98116

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Carrie Casanas*
Signature of Director or Officer

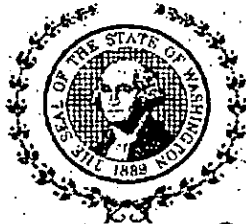
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Carrie Casanas
(Typed or printed name and capacity of person signing application)

Entity Name	Organization	Name	Title	Role	Title	Department	Status
Tango Card, Inc.	Washington	Maples, Julie	Director	Director			Active
Tango Card, Inc.	Washington	Anderson, Robert	Director	Director			Active
Tango Card, Inc.	Washington	Casanas, Carrie	Officer	Treasurer/CFO			Active
Tango Card, Inc.	Washington	Leeds, David	Director	Chairman of the Board			Active
Tango Card, Inc.	Washington	Leeds, David	Director	Director			Active
Tango Card, Inc.	Washington	Leeds, David	Officer	President/CEO			Active
Tango Card, Inc.	Washington	Libbey, Chase	Officer	Secretary			Active
Tango Card, Inc.	Washington	Riegelberger, Kevin	Director	Director			Active
Tango Card, Inc.	Washington	Wyrnskip, Chris	Director	Director			Active

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

TANGO CARD, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/27/2009.

I FURTHER CERTIFY that the entity's duration is Perpetual and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/08/2019
UBI Number: 602 894 145



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Handwritten signature of Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 03/08/2019