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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN 30 PM 3:16

RECEIVED

S. FRANKLIN

JUL 01 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/30/2022

****WALK IN****

ENTITY NAME Perkins Coie Foundation Inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

E. R. Hill

Please call Tina at the above number for any issues or concerns. Thank you so much!

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. PERKINS COIE FOUNDATION INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WASHINGTON 3. 20-4824430
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 2, 2006 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1201 THIRD AVENUE, SUITE 4900, SEATTLE, WA 98101
(Principal office street address)

(Current mailing address, if different)

8. PUBLIC CHARITY
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA DRIVE, SUITE A

TALLAHASSEE Florida 32301
(City) (Zip Code)

10. 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 SOLUTIONS, INC.

By: [Signature]
(Registered agent's signature)

11. 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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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name WILLIAM C. RAVA
 Vice Chairman Address 1201 3RD AVE, STE 4900
 Director SEATTLE, WA 98101
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name ROBERT E. GILES
 Vice Chairman Address 1201 3RD AVE, STE 4900
 Director SEATTLE, WA 98101
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name RICHARD L. SEVCIK
 Vice Chairman Address 110 N WACKER DRIVE
 Director SUITE 3400
 President CHICAGO, IL 60606
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

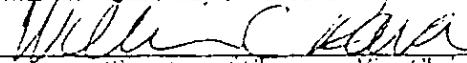
Chairman Name THOMAS S. BOURNE
 Vice Chairman Address 1900 SIXTEENTH STREET
 Director SUITE 1400
 President DENVER, CO 80202
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name DENNIS C. HOPKINS
 Vice Chairman Address 1155 AVENUE OF THE
 Director AMERICAS, 22ND FLOOR
 President NEW YORK, NY 10036
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name JULIA MARKLEY
 Vice Chairman Address 1120 NW COUCH STREET
 Director 10TH FLOOR
 President PORTLAND, OR 97209
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

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NOTE: 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.

13.  6/30/22
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. WILLIAM C. RAVA, PRESIDENT
 (Typed or printed name and capacity of person signing application)

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**Perkins Coie Foundation
EIN: 20-4824430**

12. Additional Directors

Gwendolyn A. Williamson
700 Thirteenth Street, N.W., Suite 800
Washington, DC 20005

Joel W. Nomkin
2901 N Central Avenue, Suite 2000
Phoenix, AZ 85012

2022.01.13 08:11:10

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PERKINS COIE FOUNDATION

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 05/04/2006.

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.

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Issued Date: 05/20/2022
UBI Number: 602 610 795



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

Steve R. Hobbs, Secretary of State

Date Issued: 05/20/2022