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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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XX	FILING	FOREIGN INC
. •	SIT STILL, INC.	
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COVER LETTER

Division of Corporation	s		
SUBJECT: Sit Still, Inc.			
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cabove referenced foreign corpor	ertificate of Good Sta	inding" and check are sub	
Please return all correspondence	concerning this matte	er to the following:	
Erin Goldbaum			
	Name o	f Person	
Immix Law Group			
	Firm/Co	mpany	
600 NW Naito Pkwy, Suite G			
	Add	ress	
Portland, OR 97209			
	City/State	and Zip code	
clientservices@immixlaw.com			
E-ma	il address: (to be used	for future annual report r	notification)
For further information concern	ing this matter, please	call:	
Erin Goldbaum	503	de) 802-5533 Daytime Telep	
Name of Person	Area Co	de Daytime Telep	hone Number
STREET/COURIER / Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	s ee	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
<u> </u>	DRIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

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.

3	77-0681648 (FEI number, if app	P 11 >	
nder the law of which it is incorporated)	(FEI number, if app	P' LI v	
5		(licable)	-
_ 	(Date of duration, if other th		_
incorporation)	(Date of duration, if other th	ian perpetual)	
(Date first transacted business in	Florida, if prior to registration)	.	-
)2, F.S., to determine penalty liability	y)	
			_
(Principal office	e <u>street</u> address)		
(Current mailing	address, if different)	202	
	Box NOT acceptable)	· · · · · · · · · · · · · · · · · · ·	필).
Registered Agent Solutions, Inc.		• •	
894 Remington Green Ln., Ste A		王 9	
fallahassee	, Florida 32308	. ω 	
(City)	(Zip code)		
as registered agent and to accept service plication, I hereby accept the appointments of all statutes re	ent as registered agent and agree clative to the proper and complete	e to act in this capa	city.
F 2	(SEE SECTIONS 607.1501 & 607.150. Austin, TX 78717 (Principal offic (Current mailing) ddress of Florida registered agent: (P.O. Registered Agent Solutions, Inc. 2894 Remington Green Ln., Ste A Fallahassee (City) 's acceptance: as registered agent and to accept service plication, I hereby accept the appointment of the provisions of all statutes re	(Principal office street address) (Current mailing address, if different) (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. (2894 Remington Green Ln., Ste A Fallahassee , Florida 32308 (City) (Zip code) (S acceptance: as registered agent and to accept service of process for the above stated plication, I hereby accept the appointment as registered agent and agree	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Austin, TX 78717 (Principal office street address) (Current mailing address, if different) (Current mailing address) (Current mailing address, if different) (Current mailing address) (Current

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

Docusign Envelope ID: BEAF7DF2-5483-461D-9041-2396C20BF45C

A. DIRECTORS Caroline Reeves Leslie Reeves □Chairman □Chairman 14005 US-183 #550 14005 US-183 #550 □Vice Chairman Address: □ Vice Chairman Address: Austin, TX 78717 Austin, TX 78717 Director □Director President President ☐Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other ____ □Other _____ Other ____ □Other _____ Name: Nhu Vo Name: _____ □ Chairman ☐ Chairman Address: 805 Southwest Caldew Drive 620 Gaddis Place Address: ☐ Vice Chairman ☐ Vice Chairman Portland, OR 97219 White Salmon, WA 98672 Director **■** Director □ President □President □Vice President □Vice President ☐Treasurer □ Secretary □ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □ Chairman □Chairman Name: □Vice Chairman Address: ____ □ Vice Chairman Address: □ Director ☐ Director □ President □ President □Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer ☐Other _____ □Other _____ ☐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. Letic June 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.817.455, F.S.

Leslie Reeves, Director of Operations

and the second second

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Sit Still, Inc. (file number 805982454), a Domestic For-Profit Corporation, was filed in this office on April 01, 2025.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 23, 2025.



gave Melson

Jane Nelson Secretary of State

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Prepared by: SOS-WEB TID: 10264 Document: 1484095600003