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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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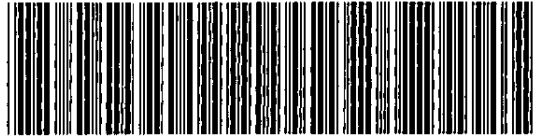
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Sapere Consulting, Inc.

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," 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:

Kevin M. Miedema, CFO

Name of Person

Sapere Consulting, Inc.

Firm/Company

103 E. Main St., Ste. 301

Address

Walla Walla, WA 99362

City/State and Zip code

kmiedema@sapereconsulting.com

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

For further information concerning this matter, please call:

Kevin M. Miedema

Name of Person

at ( 509 ) 524-2341

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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. Sapere Consulting, 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. 35-2197918

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. February 25, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. August 01, 2009

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

7. 103 E. Main St., Ste. 301, Walla Walla, WA 99362

(Principal office address)

Same as above

(Current mailing address)

8. Consulting Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Marissa Steketee

Office Address: 5757 Blue Lagoon Dr., Ste. 210

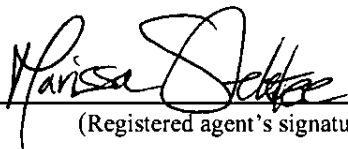
Miami, Florida 33126

(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'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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Jeffrey D. Smyth

Address: 103 E. Main St., Ste. 301

Walla Walla, WA 99362

Vice President: Kevin O. Kytola

Address: 103 E. Main St., Ste. 301

Walla Walla, WA 99362

Secretary: Kevin O. Kytola

Address: 103 E. Main St., Ste. 301, Walla Walla, WA 99362

Treasurer: Kevin O. Kytola

Address: 103 E. Main St., Ste. 301, Walla Walla, WA 99362

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Jeffrey D. Smyth, President

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA

# The State of Washington

## Secretary of State



I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**SAPERE CONSULTING, INC.**

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FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I **FURTHER CERTIFY** that the records on file in this office show that the above named **Proforma** Corporation was formed under the laws of the State of WA and was issued a Certificate of Incorporation in Washington on 2/25/2003.

I **FURTHER CERTIFY** that as of the date of this certificate, **SAPERE CONSULTING, INC.** remains active and has complied with the filing requirements of this office.

Date: August 14, 2009

UBI: 602-274-092



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

Sam Reed, Secretary of State