(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900184007979

08/30/10--01012--015 **78.75

COVER LETTER

TO: New Filing Section Division of Corporations	
•	NO TAX
SUBJECT: Destiny Soltwan Name of Corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this ma	etter to the following:
	atter to the following.
Dean Dickin	Soft High
Destiny Software	son Eg P e of Person PS NO.
PO BOX 827 -	Company 19724 166 th Aue, NE.
Δ	ddress WA 98072 - 0827
•	te and Zip code
dean@destin	y Software INC - COM and for Auture annual report notification)
E-mail address: (to be us	ed for duture annual report notification)
For further information concerning this matter, plea	ise call:
Dean Dickinson at (42	5 ,415-1777
Name of Person A	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	ı
□ \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status &

Certified Copy

ĺ

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. Destiny Software, Inc.
1. Destiny Software, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Agenda Ovick, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
ED +97 - 3P
2. Washing for (State or country under the law of which it is incorporated) 3. 9/-1606761 (FEI number, if applicable)
(State or country ungger the law of which it is incorporated) (FEI number, it applicable)
4. Avgust 5; 1993 ODate of incorporation) 5. perpetval (Duration: Year corp. will cease to exist or "perpetual")
6. August 25, 2010 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
, , , , , , , , , , , , , , , , , , , ,
7. 19724 166th Ave, NE Woodinville, WA 98072 (Principal office address)
PO Box 827, Woodinville WA 98072-0827 (Current mailing address)
(Current mailing address)
8. Selling Agenda Quick electronic agenda software (Purpose(s) of corporation authorized in home state or country to be carried out in state of (Vorida)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of (46rida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: SCOTT SOARKS
cox the co
EL PORTAL, Florida 3338
(City) (Zip code)
0. 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 dutie
and I am familiar with and accept the obligations of my position as registered agent.

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 Vice Chairman: 3x 827 Woodwille, WA 98072 Address: Director: Address: Director: **B. OFFICERS** President: Desta Dickinson Address: PO Box 827 - 19724 166th Due NE, Woodinville, WA 98072 Vice President: Dean Dickinson Address: PO Box 827 - 19724 166th Ave NE, Woodinville, WA 98072 Secretary: Address: Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)

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 DESTINY SOFTWARE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 8/5/1993.

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

Date: August 20, 2010

UBI: 601-483-241

STATE OF WASHINGTON 1889 NOT IN 1889

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

Sam Reed, Secretary of State