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PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	of Status
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Special Instructions to I	Filing Officer:	





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x 02/12/15

COVER LETTER

TO:	New Filing Sec				
	Division of Cor	•	lma		
SUBJ	ECT: INTIN	ite Mass			
		Name	of corporation	n - must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existenc	ion by Foreign Co e," or "Certificate n corporation to t	of Good Sta	nding" and check are su	act Business in Florida," bmitted to register the
Please	return all correst	ondence concern	ing this matte	r to the following:	
	ty Elwoo	_	6		
	ty Livioc		Name of	Dercon	
Foo	al PLLC		(Vallie of	1 013011	
	· · · · · · · · · · · · · · · · · · ·		Firm/Con	npany	A second
800	Fifth Av	e, Suite	4100		
			Addr		
Sea	attle, WA	98104			
			City/State a	nd Zip code	
mist	ty@focalla	aw.com			
		E-mail address	: (to be used	for future annual report	notification)
For fur	ther information	concerning this n	iattor, please o	:all:	
Jos	eph Sko	cilich	₃₁ ,206	,331-4105	
	Name of Person			Code & Daytime Telepl	none Number
	STREET/COU New Filing Sect Division of Con Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	S:	MAILING A New Filing S Division of C P.O. Box 632 Tallahassec, I	ection forporations 7
Enclose	ed is a check for t	he following amo	ount:		
□ \$ 70.	.00 Filing Fee	S78.75 Filing Certificate of		\$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 FOLIOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	in Florida)		
_{3.} 20-3281611	20-3281611		
ed) (FEI number, if applicable)			
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(Duration: Year corp. will cease to exist or "p	perpetual")		
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ng address)			
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i: (P.O. Box NOT acceptable)	- FE		
, Inc.	- (33		
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. Florida 32301	۲ ا ن ن		
	(FEI number, if applicable) 5. perpetual (Duration: Year corp. will cease to exist or " ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability) 1e, WA 98122 ce address) 1e, WA 98122 ng address) 1: (P.O. Box NOT acceptable) Inc.		

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.

11 Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Paul Uhlir Address: c/o Infinite Mass, 500 E. Pike, 2nd Floor, Seattle, WA 98122 Vice Chairman: _____ Address: Tim Wisner c/o Infinite Mass, 500 E. Pike, 2nd Floor, Seattle, WA 98122 Brian Rauschenbach c/o Infinite Mass, 500 E. Pike 2nd Floor, Seattle, WA 98122 **B. OFFICERS** President: Tim Wisner c/o Infinite Mass, 500 E. Pike, 2nd Floor, Seattle, WA 98122 Secretary: Tim Wisner Address: c/o Infinite Mass, 500 E. Pike, 2nd Floor, Seattle, WA 98 122 Treasurer: Tim Wisner Address: c/o Infinite Mass, 500 E. Pike, 2nd Floor, Seattle, WA 98122 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.

Tim Wisner, President



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

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

INFINITE MASS 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 8/1/2005.

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

Date: January 29, 2015

UBI: 602-526-599

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

Kim Wyman, Secretary of State



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