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(Req	uestor's Name)				
(Address)					
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(City/	/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
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COVER LETTER

	stration Session of Cor					
SUBJECT:	Asentria (Corporation				
DODDECI.	·	Name	of corporatio	n - must i	nclude suffix	
Dear Sir or N	/ladam:				÷	
"Certificate	of Existenc		of Good Sta	ınding" a	nd check are sub	et Business in Florida," mitted to register the
Please return Anthony Cap	•	ondence concern	ing this matt	er to the f	following:	
			Name of	f Person		
Asentria Corp	noration			•		
1200 N 96th	St		Firm/Co	mpany		
			Add	ress		
Scattle, WA	8103					,
ар@вьеntris.	com		City/State	and Zip o	ode	
		E-mail addres	s: (to be used	for futur	e annual report r	otification)
For further is	nformation	concerning this n	natter, pleasa	cail:		
Anthony Cap	uto		206 at (344-	8800	
Ner	ne of Perso	n	Area Co	de	Daytime Telepi	none Number
Regi Divi Ctiff 2661	stration Se sion of Co ton Buildin	porations g : Center Circle	5 5 2		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is	a check for	the following am	ount:			~
□ \$70.00 F	iling Fee	Certificate			5 Filing Fee & led 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. Asentria Corpo		N 4001 MARKE BOODDON ANTOLIN		
	corporation; must include "INCORPORATED, lorp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness in Florida)	
Washington 2.	3	91-1504721 3.		
	ry under the law of which it is incorporated)	(FEI number, if applications)	-	
``	e of incorporation)	(Date of duration, if other than	perpetual)	
08/16/2016 6.	•	•		
		in Florida, if prior to registration) 502, P.S., to determine penalty liability)		
7			 _	
	(Princi	pal office address)		
	(Current mail)	ing address, if different)		
	(5	<u>.</u>		
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	16 L	
Name:	Registered Agent Solutions, Inc		AH AH	
Office Address:	155 Office Plaza Dr., Suite A	·	16 16	
	Tallahassee	32301 , Florida	May R D	
	(City)	(Zip code)	HOLAND AND AND AND AND AND AND AND AND AND	
9. Registered ag	ent's acceptance:		<u>6</u> 2 20	
	ned as registered agent and to accept serv			
further agree to c	s application, I hereby accept the appoint comply with the provisions of all statutes	relative to the proper and complete p		
mutes, and 1 am	familiar with and accept the obligations	of my position as registered agent.	•	
	Punity Post Sec.			
_		agent's signature)	-	

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: ___ Address: _ Vice Chairman: Address: _ Director: Address: _ Director: _ B. OFFICERS **Tim Stoner** President: 1200 N 96th St Address: Scattle, WA 98116 S Vice President: Address: 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 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.817.155, F.S. Tim Stoner, CEO

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



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

ASENTRIA CORPORATION

I FURTHER 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 12/31/1990.

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 to this state 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.

Date: July 21, 2016

UBI: 601-291-678

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

- 1221

Kim Wyman, Secretary of State

