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(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO:	: Registration Section Division of Corporations						
CHDI	Pragma	atic Business Services	U.S. Corpora	tion			
SUDJ	ECT:	Name	of corporation	on - mu	st include suffix		
Dear S	Sir or Madam:						
"Certif	ficate of Existe		of Good St	anding"	and check are subn	Business in Florida," nitted to register the	
Please Floren		espondence concern	ing this matt	er to th	e following:		
			Name o	f Perso	n		
Pragm	atic Business Ser	vices U.S. Corporatio	n				
80 Bro	ad St, 5th Fl		Firm/Co	mpany			
			Ado	lress			
New Y	'ork, NY 10004						
			City/State	and Zij	code		
florence	ceau@globalive.c						
		E-mail address	s: (to be used	d for fut	ture annual report no	otification)	
For fu	rther informatio	on concerning this m	atter, please	e call:			
Floren	orence Au 416 204-0258						
	Name of Per	son	at (	) ode	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check f	or the following amo	ount:				
\$70	0.00 Filing Fee	☐ \$78.75 Filin Certificate o			.75 Filing Fee & tified Copy	S87.50 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. Pragmatic Business Services U.S. Corporation (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Pragmatic (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated 07-08-2014 (Date of duration, if other than perpetual) (Date of incorporation) 7-1-2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 80 Broad St 5th Fl, New York, NY 10004 (Principal office address) c/o Avalara, Inc (FKA EZtax Services) 8675 W 96th St. Ste 220, Overland Park, KS 66212 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida (City) (Zip code) 9. 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 registeration & Smith Vice President & Assistant Secretary

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.

(Registbled agent's signature)

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

A. DIRECTORS  James Baskin	
Chairman:	
Address.	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	<b>現の </b>
Address:	
	表記 〒 三
B. OFFICERS	ms . m
James Baskin	
1200-48 Yonge Street, Toronto, ON M5E 1G6	38 : 38
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl	cation listing additional officers and/or directors.
12.	·
Signature of Director The officer or director signing this document (and who is listed are true and that he or she is aware that false information submathird degree felony as provided for in s.817.155, F.S.	or or Officer I in number 11 above) affirms that the facts stated herein
13. James Baskin	

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRAGMATIC BUSINESS SERVICES U.S.

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW. AS OF THE

FIRST DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAGMATIC

BUSINESS SERVICES U.S. CORPORATION" WAS INCORPORATED ON THE EIGHTH

DAY OF JULY, A.D. 2014.

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SR# 20165879653

Authentication: 203093022 Date: 10-01-16

You may verify this certificate online at corp.delaware.gov/authver.shtml