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08/15/17--01002--004 ALLAHASSIE FLORIDA

1. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
Digiwest, Inc.			
	of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	te of Good Sta	nding" and check are sub	
Please return all correspondence concer Kazden Sisti	ning this matte	er to the following:	
-	Name of	Person	
Digiwest, Inc.			
400 SW 6th Ave. Suite 610	Firm/Coi	mpany	
	Addı	ress	
Portland, OR 97204			
	City/State	and Zip code	
kazden@bluemacanalytics.com			
E-mail addre	ss: (to be used	for future annual report	notification)
For further information concerning this	matter, please	call:	
Kazden Sisti	503	484-6308	
Name of Person	Area Co	de Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for the following an	nount:		
☐ \$70.00 Filing Fee ■ \$78.75 Fili Certificate		☐ \$78.75 Filing Fee & Certified 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.

Digiwest Inc.

d.b.a. BlueMA	-		
	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Fl	orida)
Delaware 	3.	26-0735392	
(State or coun 06/01/2017	ry under the law of which it is incorporated) 5.	(FEI number, if applicable)	
(Da	e of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
400 SW 6th Ave	:. Suite 610 Portland. OR 97204		
	(Princip	al office address)	
	(Princip	al office address)	
		al office address) g address, if different)	
Name and stre	(Current mailin tet address of Florida registered agent: (P.C	g address, if different)	
. Name and <u>stre</u> Name:	(Current mailin	g address, if different)	2017
Name:	(Current mailin tet address of Florida registered agent: (P.C	g address, if different)	2317 AUG
Name:	(Current mailin ret address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	g address, if different) . Box NOT acceptable)	2317 AUG 14
Name:	(Current mailin tet address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road Plantation	g address, if different)	F
Name:	(Current mailin ret address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	g address, if different) . Box NOT acceptable)	2017 AUG 14 AH II
Name: Office Address:	(Current mailing test address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City)	g address, if different) . Box NOT acceptable) . Social states and social states are senting and social states are senting and social states are senting as a senting and social states are senting as a senting asenting as a senting as a senting as a senting as a senting as a s	F
Name: office Address: Registered as a laving been name:	(Current mailing tet address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept services	g address, if different) . Box NOT acceptable) . Florida 33324 (Zip code) . Florida 75 (Zip code)	at the po
Name: ffice Address: Registered againg been nanesignated in thi	(Current mailing tet address of Florida registered agent: (P.C. C.T. Corporation System) 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept services application. I hereby accept the appointn	andress, if different) Box NOT acceptable) 33324 Cip code) The of process for the above stated corporation are to act in the control of t	at The pa
Name: Office Address: Registered as laving been nai esignated in this arther agree to	(Current mailing tet address of Florida registered agent: (P.C. C.T. Corporation System) 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept services application. I hereby accept the appointn	address, if different) Box NOT acceptable) 33324 Televida (Zip code) Televida (Zip code) Televida agent and agree to act in the elative to the proper and complete performance	at The pa

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 Mark Vandehey Chairman: 7568 SW Ashford St., Tigard, OR 97224 Address: Secretary Karl Passetti 213 E Hombeam Dr., Longwood, FL 32779 Keith Szot Director: 16710 NE 132nd St., Redmond, WA 98052 Address: **B. OFFICERS** Keith Szot President: 16710 NE 132nd St., Redmond, WA 98052 Address: __ CTO Randy Kath Vice President: _ 430 SW 13th Ave. Apt. 1503, Portland, OR 97205 VP Michael Salamone Secretary: 7401 W Washington Ave. Apt. 2069, Las Vegas, NV 89128 CFO Lawrence Van Dyke Treasurer: 8720 SW Lodi Ln., Tigard, OR 97224 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. Randy Kath, CTO, VP

13.

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "DIGIWEST, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION, FILED THE THIRTIETH DAY OF MAY, A.D. 2017, AT 2:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE FIRST DAY OF JUNE,

A.D. 2017 AT 12:01 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE THIRTIETH DAY OF MAY,

A.D. 2017, AT 2:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF INCORPORATION IS THE FIRST DAY OF JUNE, A.D. 2017 AT 12:01 O'CLOCK A.M.



Authentication: 202835221

Date: 07-06-17

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SR# 20174848339

Page 2



AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "DIGIWEST, INC.".

6427493 8315 SR# 20174848339 Authentication: 202835221

Date: 07-06-17