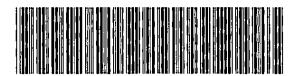
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SHRI	Envisiant ECT:	. Inc.			
3000		Name of co	rporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc		Good Stanc	ling" and check are sub	net Business in Florida," comitted to register the
Please	return all corresp	oondence concerning t	his matter	to the following:	
Ben St	emberg				
<del></del>	-		Name of P	erson	· · · · · · · · · · · · · · · · · · ·
Fexy N	Media				
			Firm/Comp	oany	
7525 S	SE 24th Street				
			Addres	S	
Merce	r Island, WA 98040	)			
		Ci	ty/State an	d Zip code	
ben@f	exy.com				
		E-mail address: (to	be used fo	r future annual report	notification)
For fu	rther information	concerning this matter	r, please ca	il:	
Ben St	emberg		415	845-9400	
	Name of Perso	<del></del> '-	Area Code	Daytime Telep	hone Number
	Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations  S Center Circle  32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	ed is a check for 0.00 Filing Fee	the following amount:   578.75 Filing Fee		\$78.75 Filing Fee &	☐ \$87.50 Eiling Fan
<b>-</b> 3/(	oo rung rec	Certificate of Sta		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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Envisiant, Inc.				
	orporation: must include "INCORPORATED." 'orp." "Inc." "Co," or "Corp.")	"COMPANY'," "CORPORATION;"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting l	business in Florida)	
Delaware	6	61-1750710		
(State or countr 11/25/2014	y under the law of which it is incorporated)	(FEI number, if applicable)		
(Date of incorporation) 5.		(Date of duration, if other tha	(Date of duration, if other than perpetual)	
	(SEE SECTIONS 607.1501 & 607.150 eet. Mercer Island WA 98040  (Principal	office address)	· :: :	
<del></del>	(Current mailing	address, if different)	178.87/	
			×	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	[42]	
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	(La.)	
Name:		Box <u>NOT</u> acceptable)	AMII: 49	
	Corporation Service Company	Box <u>NOT</u> acceptable)   32301	[-a-]	

## 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 registered agent.

Holly Jones
Assistant Vice President

(Registered 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 Lisa Sharples Chairman: 7525 SE 24th Street Address: Mercer Island, WA 98040 Clifford Sharples Vice Chairman: \_ 7525 SE 24th Street Address: Mercer Island, WA 98040 Ben Stemberg Director: 7525 SE 24th Street Address: \_\_\_ Mercer Island, WA 98040 Director: \_ Address: **B. OFFICERS** Lisa Sharples President: \_ 7525 SE 24th Street Address: Mercer Island, WA 98040 Clifford Sharples Vice President: 7525 SE 24th Street Address: \_ Mercer Island, WA 98040 Ben Sternberg Secretary: \_ 7525 SE 24th Street Address: \_ same as Secretary 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

re true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.

Ben Sternberg, Secretary

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ENVISIANT, INC." 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 TENTH DAY OF AUGUST, A.D. 2017.

Authentication: 203041053

Date: 08-10-17