

F18000003545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

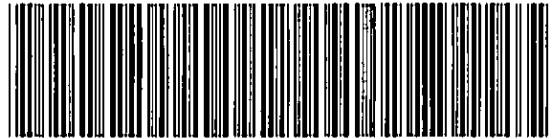
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **August 02, 2018**

Account#: I200000000088

Name: **KEN HOWELL**

Reference #: **L106938**

Entity Name: **MOVEER, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

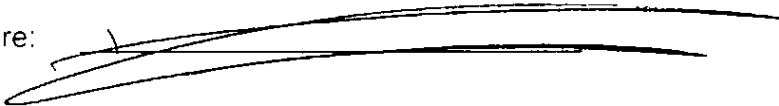
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other **FEES: \$70-QUAL, \$500- PENALTY, \$150- FIRST YEAR AR = \$720.00**

Authorized Amount: **\$720.00**

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Movere, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Movere Accounting Department

Name of Person

Movere, Inc.

Firm/Company

14432 SE Eastgate Way, Suite 260

Address

Bellevue, WA 98007-6493

City/State and Zip code

accounting@movere.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Meyer

Name of Person

at (425)

Area Code

773-6540

Daytime Telephone 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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 FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MOVERE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. 26-3430785
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/23/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14432 SE EASTGATE WAY STE 260, BELLEVUE, WA, 98007-6493
(Principal office address)
SAME
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(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 registered agent.



Maria Bautista, Assistant Secretary

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: KRISTIN IRELAND

Address: 14432 SE Eastgate Way, Suite 260
Bellevue, WA 98007-6493

Vice Chairman: _____

Address: _____

Director: ANDREW IRELAND

Address: 14432 SE Eastgate Way, Suite 260
Bellevue, WA 98007-6493

Director: _____

Address: _____

B. OFFICERS

President: KRISTIN IRELAND

Address: 14432 SE EASTGATE WAY, SUITE 260
Bellevue, WA 98007-6493

Vice President: See attached for list of additional Officers

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
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.

13. Kristin Ireland CHIEF EXECUTIVE OFFICER

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

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TALLAHASSEE FLORIDA

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida

List of Officers, Section B continued:

Kristin Ireland: Chief Executive Officer

14432 SE Eastgate Way, Suite 260, Bellevue, WA 98007-6493

Andrew Ireland: Chief Evangelist

14432 SE Eastgate Way, Suite 260, Bellevue, WA 98007-6493

Roger Frey: Chief Revenue Officer

14432 SE Eastgate Way, Suite 260, Bellevue, WA 98007-6493

Amanda Spraker: Chief Operating Officer

14432 SE Eastgate Way, Suite 260, Bellevue, WA 98007-6493

Andy Slivinchi: Chief Technical Officer

14432 SE Eastgate Way, Suite 260, Bellevue, WA 98007-6493

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of  Washington

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

MOVERE, INC.

I 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 09/23/2008.

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 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.

Issued Date: 08/01/2018
UBI Number: 602 866 339



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

A handwritten signature in cursive script, reading "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 08/01/2018