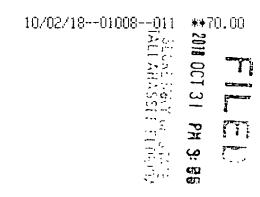
# F1800005176

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>e</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
1.11/1/00	~ (((4) NA			
1018000	100074			

Office Use Only



700318699057



2018 OCT - 1 AH 10: 58

D FRIJCE NOV 14 2018



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2018

JASON SWEDLOW 800 5TH AVENUE, #101-259 SEATTLE, WA 98104-3102

SUBJECT: GLENCOE SOFTWARE INC.

Ref. Number: W18000088846

We have received your document for GLENCOE SOFTWARE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 218A00020838

www.sunbiz.org

\_\_\_\_

#### **COVER LETTER**

TO:	Registration Section				
	Division of Corporations Glencoe Software Inc.				
SUBJ	ECT:				
	· · · · · · · · · · · · · · · · · · ·	ame of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good Stan	ding" and check are su	act Business in Flori bmitted to register th	da," ne
	return all correspondence con Swedłow	cerning this matter	to the following:	TALL OF THE PERSON OF THE PERS	2018 (
Glenco	e Software Inc.	Name of	Person	2.5 2.5 0.5 0.0	2018 dc T 3 l
800 5th Ave #101-259		Firm/Com	Firm/Company		PH .
Seattle	, WA 98104-3102	Addre	ess	Ę.	ं द्वा
jason@	glencoe software.com	City/State a	nd Zip code		
	É-mail ad	dress: (to be used f	or future annual report	notification)	<del></del>
For fu	rther information concerning the	his matter, please c	all:		
Laura Burgess		510	566-8757		
	Name of Person	at (	Daytime Telep	phone Number	
	STREET/COURIER ADD 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	
Enclos	ed is a check for the following	amount:			
<b>3</b> \$70		Filing Fee &   cate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Cop	Status &

### 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.

ŀ.	Glencoe Softwa	re Inc.			_		_
		orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	D,	"COMPANY," "CORPORATION,"			
	(If name unavaile	able in Florida, enter alternate corporate na	ne	adopted for the purpose of transacting busi	ness in Fl	orida)	_
2.	Washington		3.	20-4723168			
	(State or country under the law of which it is incorporated)		, -	(FEI number, if applicab	le)		_
4.	11/17/2005		5.				
	(Date	(Date of incorporation)		(Date of duration, if other than perpetual)			_
6.	October 2018					_	
7	800 5th Ave #101			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	STUBER FALL AR	2818 OCT	-
•			nci	oal office address)	SSE COL	<u> </u>	
8.	Name and stree	(Current magent)  et address of Florida registered agent: (		ng address, if different)  D. Box <u>NOT</u> acceptable)	O TATE	ය. ග	
	Name:	Northwest Registered Agent, LLC.	_	<del></del>			
О	ffice Address:	3030 N. Rocky Point Dr. STE 150A					
		Tampa		. Florida <u>33607</u>			
		(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.



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

- .

A. DIK	Jason Swedlow			
Chairmar	800 5th Ave #101-259	<del></del>		
Address:	Seattle, WA 98104-3102			
		<del></del>		<u> </u>
Vice Cha	irman:	<del></del>		
Address:			<del></del>	
Director:	Joseph Victor		_ <del>-</del>	
Address:	800 5th Ave #101-259, Seattle, WA, 98104-3102			
Director:	Peter K. Sorger		<del>-</del>	
Address:	800 5th Ave #101-259, Seattle, WA, 98104-3102			_
			~	
B. OFF	ICERS	=;	= (	
President:	Jason Swedlow	2 · F	0CT	1 1
	800 5th Ave #101-259	SS 7	<u> </u>	1
Address:	Scattle, WA 98104-3102			(MATERI)
Vice Presi	dent: Peter K. Sorger	5). 5).	35	
Address:	800 5th Ave #101-259			
	Seattle, WA, 98104-3102			
Secretary:	Gaudenz Danuser			
Address:	800 5th Ave #101-259, Seattle, WA 98104-3102		_	
Treasurer:				·
Address:				
NOTE: 1	finecessary, you may accept an deendum to the application listing additional officers and	or direct	ors.	
The office are true at a third dep	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the add that he or she is aware that false information submitted in a document to the Departmen gree felony as provided for in s.817.155, F.S.	: facts sta t of State	ited he	rein itutes
13	Jason R. Swedlow			
	(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

#### GLENCOE SOFTWARE, 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 11/17/2005.

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: 09/14/2018 UBI Number: 602 558 717

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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 09/14/2018



ERRENT.