(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Bocument Namber)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations			
SURI	MoneyTrax North America, In	c.		
3000		corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stan	ding" and check are sub	
	return all correspondence concerning we Yates	g this matter	to the following:	
		Name of	Person	
English	h & Marshall, PLLC			
10000	NE 7th Avenue, Suite 200	Firm/Com	рапу	
Vanco	uver, WA 98685	Addre	ss	
lisa@c	nglishandmarshall.com	City/State ar	nd Zip code	
	E-mail address:	(to be used f	or future annual report	notification)
For fu	rther information concerning this ma	tter, please c	all:	
Matthew Yates		360 t (449-6100	
	Name of Person	Area Code	Daytime Telep	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	ed is a check for the following amou 0.00 Filing Fee	Fee & 🔲	\$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.

	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED," "CC	MPANY," "CORPORATION,"		
(If name unavail) Washington 2.	/	83-1	ed for the purpose of transacting business in Florida 137689	1)	
(State or count July 2, 2018	ry under the law of which it is incorporated)		(FEI number, if applicable)		
November 1, 20	018	5	(Date of duration, if other than perpetual)	i, if other than perpetual)	
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 enter Place, Suite 385, Vancouver, WA 9866	7.1502, F			
	(Prir	ncipal off	ce address)		
8. Name and stre Name:	et address of Florida registered agent: (Valerie Plewak	_	S. T.	18 NOV -5	
Office Address:	2240 Evergreen Street Melbourne			ъ. Б. (
	(City)		, Florida (Zip code)	<u>ک</u> د	

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.

Mallu Pull (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 Mark Guthrie Chairman: 1498 SE Tech Center Place, Suite 385 Address: Vancouver, WA 98683 Vice Chairman: Mark Guthrie 1498 SE Tech Center Place, Suite 385 Address: Vancouver, WA 98683 Beatrice Schultz Director: 1498 SE Tech Center Place, Suite 385 Address: Vancouver, WA 98683 **B. OFFICERS** Mark Guthrie President: 1498 SE Tech Center Place, Suite 385 Address: Vancouver, WA 98683 Vice President: Address: _ Beatrice Schultz Secretary: 1498 SE Tech Center Place, Suite 385, Vancouver, WA 98683 Address: Beatrice Schultz /ircasurer: 1498 SE Tech Center Place, Suite 385, Vancouver, WA 98683 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. Beatrice Schultz, Secretary 13.

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

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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

MONEYTRAX NORTH AMERICA, 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 07/02/2018.

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.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 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:

10/19/2018

UBI Number:

604 306 021



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

Kim Wyman, Secretary of State

tur Ulyna

Date Issued: 10/19/2018