# F19000000186

(Requestor's Name)  (Address)	
· (Address)	40032
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	01/03/19
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#### **COVER LETTER**

ТО:	Registration Section			
SUBJ				
		of corporation	ı - must include suffix	
Dear S	ir or Madam:			
"Certi!	icate of Existence," or "Certifical	te of Good Stai	nding" and check are su	act Business in Florida," bmitted to register the
Please Vi Duc	Division of Corporations Adswerve, Inc.  CT:  Name of corporation - must include suffix  or Madam:  losed "Application by Foreign Corporation for Authorization to Transact Business in Florida," rate of Existence," or "Certificate of Good Standing" and check are submitted to register the deferenced foreign corporation to transact business in Florida, eturn all correspondence concerning this matter to the following:  Name of Person  Pros. Inc.  Firm/Company  Address  City/State and Zip code  address: (to be used for future annual report notification)  ter information concerning this matter, please call:  206 331-4034 Name of Person  Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations			
Amalani	Dev. In .	Name of corporation - must include suffix  y Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Good Standing" and check are submitted to register the poration to transact business in Florida.  nee concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip code  mail address: (to be used for future annual report notification)  erning this matter, please call:  206 331-4034  at (		
Zuaryt	ics rios, inc.			
5325 B	allard Ave NW, Suite 300	Firm/Con	npany	
Seattle	.WA 98107	Addr	ess	
legal@	analyticspros.com	City/State a	nd Zip code	<del></del>
	E-mail addres	is: (to be used	for future annual report	notification)
For fur			_	
Vi Duo				
	Name of Person	Area Cod	e Daytime Telep	phone Number
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C	Section orporations 7
Enclos	ed is a check for the following am	ount:		
<b>=</b> \$70	.00 Filing 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

(Enter name of a	orporation; must include "INCORPORATED,"				
"Inc.," "Co.," "C	orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"			
Colorado	able in Florida, enter alternate corporate name a				
1.17 1.672009	y under the law of which it is incorporated)				
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)		
	et prior to registration				
99 18th Street, 1	555N Denver, CO 80202	Florida, if prior to registration) i02, F.S., to determine penalty liability)			
	Princip	al office address)			
	(Current mailin	g address, if different)			
.,			20 St		
Name and <u>stree</u>	et address of Florida registered agent: (P.C C T Corporation System	). Box NOT acceptable)	2019 JAN SECRETA		
Name:	1200 South Pine Island Road				
	<u> </u>		ASS S		
ice Address:	Plantation	33324 , Florida			
ice Address:		, 1 101144	8: 2		
ice Address;	(City)	(Zip code)			
		(Zip code)	m N		
Registered age	(City) ent's acceptance: ed as registered agent and to accept servi	ce of process for the above stated co	เก N rporation at the pl		
Registered ago ving been nam gnated in this	(City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn	ce of process for the above stated co nent as registered agent and agree to	act in this capacit		
Registered ago ving been nam gnated in this her agree to co	(City) ent's acceptance: ed as registered agent and to accept servi	ce of process for the above stated co nent as registered agent and agree to elative to the proper and complete p	act in this capacit		
Registered ago ving been nam gnated in this her agree to co	(City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r	ce of process for the above stated co nent as registered agent and agree to elative to the proper and complete p	act in this capacit		
Registered ago ing been nam gnated in this her agree to co	(City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r	ce of process for the above stated co nent as registered agent and agree to elative to the proper and complete p	act in this capacit		

under the law of which it is incorporated.

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

### A. DIRECTORS Chairman: Address: Vice Chairman: Clint Tasset Director: 5325 Ballard Ave NW, Suite 300 Address: Seattle, WA 98107 Address: **B. OFFICERS** Clint Tasset President: 5325 Ballard Ave NW Address: Suite 300, Seattle WA 98107 Tiffany Tasset and Sherri Montenegro Vice President: 5325 Ballard Ave NW Address: Suite 300, Seattle WA 98107 Titfany Tasset Secretary: 5325 Ballard Ave NW, Suite 300 Seattle, WA 98107 Address: Sherri Montenegro Treasurer: 5325 Ballard Ave NW, Suite 300 Seattle, WA 98107 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. (Typed or printed name and capacity of person signing application)

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I. Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Adswerve, Inc.

is a

#### Corporation

formed or registered on 11/18/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091605404.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/18/2018 that have been posted, and by documents delivered to this office electronically through 12/19/2018 @ 13:28:17.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/19/2018 @ 13:28:17 in accordance with applicable law. This certificate is assigned Confirmation Number 11286206



Secretary of State of the State of Colorado

Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.vov.state.com/sta/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.vov.state.com/sta/Certificate/Susinesses, trademarks, trade names" and select "Frequently Asked Questions."