(Requestor's Name)		
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL	2° • ° ≠	The state of the s
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Special Instructions to Filing Officer:		- Salar - rations

"Office Use Only



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ं असामाः .: 73%. CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 625277 8263485

AUTHORIZATION :

COST LIMIT : \$ 40\00

ORDER DATE: February 8, 2019

ORDER TIME : 9:22 AM

ORDER NO. : 625277-005

CUSTOMER NO: 8263485

FOREIGN FILINGS

NAME: PETABYTE TECHNOLOGY INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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.

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)		
DELAWARI 2.	E, USA (DE, USA)	83-3124234			
01/03/20	ry under the law of which it is incorporated) 19 5.				
(Date N/A	e of incorporation)	(Date of duration, if other than perpetual)			
17345 SE 54th	PLACE BELLEVUE, WA 98006	502, F.S., to determine penalty liability) pal office address)			
SAME AS ABO	•	ar office address)	2		
	(Current mailir	ng address, if different)	2019 FEB		
	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	4 €		
8. Name and stre Name:	Corporation Service Company		SSS		
Name:	Corporation Service Company 1201 Hays Street		SSEE, F.		
	1201 Hays Street Tallahassee	Florida	M 9: 21		

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.

(Registered agent's signature)

By:

Asst. Vice President

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: ___ Address: Address: Director: ___ **B. OFFICERS** MICHAEL HYMAN President: 17345 SE 54th PLACE BELLEVUE, WA 98006 Address: Vice President: Address: ___ SAL ELAAMEIR Secretary: 17345 SE 54th PLACE BELLEVUE, WA 98006 \ddress: _ SAL ELAAMEIR reasurer: 17345 SE 54th PLACE BELLEVUE, WA 98006 ddress: OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer e officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes aird degree felony as provided for in s.817.155, F.S.

SAL ELAAMEIR, SECRETARY & TREASURER



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

DELAWARE, DO HEREBY CERTIFY "PETABYTE TECHNOLOGY 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 EIGHTEENTH DAY OF JANUARY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PETABYTE

TECHNOLOGY INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corn delaware gov/aut

Authentication: 202107668

Date: 01-18-19