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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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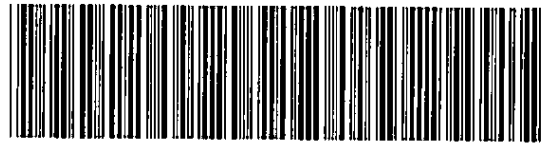
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 16 AM 3:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

8/8 4/23/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PTIGlobal 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:

Barbara Davis

Name of Person

PTIGlobal Inc

Firm/Company

4915 SW Griffith Drive Suite 200

Address

Beaverton, OR 97005

City/State and Zip code

accounting@ptiglobal.com

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

For further information concerning this matter, please call:

Barbara Davis

at (503) 906-1168

Name of Person

Area Code

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. PTIGlobal, 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. Oregon 3. 93-1190334  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/8/1995 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. April 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4915 SW Griffith Drive Suite 200 Beaverton Oregon 97005  
(Principal office address)

4915 SW Griffith Drive Suite 200 Beaverton Oregon 97005  
(Current mailing address, if different)

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

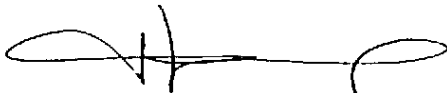
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*



Patricia Reyes on behalf of InCorp Services, Inc.

(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.

2019 APR 16 AM 8:01  
FILED  
MAY 15 2019  
TALLAHASSEE, FLORIDA

FILED

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

**A. DIRECTORS**

Chairman: Mollie Peters

Address: 9175 SW Monterey Place, Portland OR 97225

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jim B. Comerford

Address: N. 222 Wall Street Suite 306, Spokane WA 99201

Director: Alexei Peters

Address: 5703 NE 32nd Place, Portland OR 97211

**B. OFFICERS**

President: Mollie Peters

Address: 9175 SW Monterey Place, Portland, OR 97225

Vice President: Chief Operating Officer: Tobias Scherf

Address: 4915 SW Griffith Drive Suite 200, Beaverton OR 97005

Secretary: Mollie Peters

Address: 9175 SW Monterey Place, Portland OR 97225

Treasurer: Mollie Peters

Address: 9175 SW Monterey Place, Portland OR 97225

**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. Tobias Scherf

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

FILED  
2019 APR 16 AM 8:02  
CLERK OF DISTRICT COURT  
JULIA HODGE, CLERK

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 229M129F6**

*I, LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:*

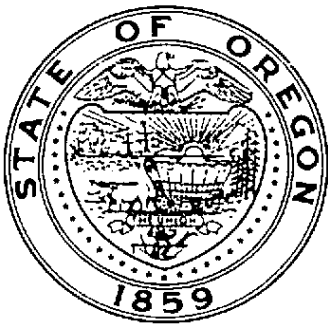
**PTIGLOBAL, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

A handwritten signature in cursive script, reading "Leslie Cummings".

**LESLIE CUMMINGS, DEPUTY SECRETARY OF STATE**

**3/28/2019**