Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	985 F.
	Fax Number : (850)617-6383	STATE STATE FLORIDA
From:		
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	
	Phone : (614)280-3338 Fax Number : (954)208-0845	
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	orporation; must include "INCORPORA	ATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
			·
(If name unavaila United States, D		r name adopted for the purpose of transacting business in Flur 81-2197890	ida) ———
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(State or countr 03/14/2016	y under the law of which it is incorporat	ted) (FEI number, if applicable)	5 !
·		5. (Date of duration, if other than perpetual)	_ [1]
07/01/2019	of incorporation)	-n -n	
·			
	(Date first transacted bus (SEE SECTIONS 607.150) & FIS, Scattle, WA 98101	siness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	్
·		Daine in the Office addresses	
*	((Principal office address)	_
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		(Principal office address) at mailing address, if different)	<u> </u>
			
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	(Curren <u>t address</u> of Florida registered agen	at mailing address, if different)	
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. Name and stree	(Curren t <u>address</u> of Florida registered agen C T Corporation System	at mailing address, if different)	
Name and stree	(Current address of Florida registered agent C T Corporation System 1200 South Pine Island Road	at mailing address, if different) at: (P.O. Box <u>NOT</u> acceptable)	
Name and stree	(Current address of Florida registered agent C T Corporation System 1200 South Pine Island Road	at mailing address, if different) at: (P.O. Box <u>NOT</u> acceptable)	
Name and stree	(Current address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation,	at mailing address, if different) at: (P.O. Box <u>NOT</u> acceptable)	
Name and street Name: Office Address:	(Current address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation, (City)	it mailing address, if different) it: (P.O. Box <u>NOT</u> acceptable) , Florida 33324(Zip code)	446
Name and street Name: Office Address:	(Current address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation, (City) nt's acceptance:	at mailing address, if different) at: (P.O. Box <u>NOT</u> acceptable) , Florida , Florida (Zip code) at service of process for the above stated corporation a	t the place
Name and street Name: Office Address: Registered age laving been name	(Current address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation, (City) nt's acceptance: ed as registered agent and to acceptance application.	at mailing address, if different) at: (P.O. Box NOT acceptable) , Florida , Florida	capacity. I
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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.

ICERS Kristina Bergman 1525 Fourth Ave F1 5, Seattle, WA-98101 sident: Jared Briggs 1525 Fourth Ave F1 5, Seattle, WA 98101 16 necessary, you may attach an addendum to the application listing additional officers and/or director. Signature of Director or Officer	CCTORS	
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cer or director signing this document (and who is listed in number 11 above) affirms that the facts star and that he or she is aware that false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.	and that he or she is aware that false information submitted in a document to t	iffirms that the facts state the Department of State of



Page 1

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

DELAWARE, DO HEREBY CERTIFY "INTEGRIS SOFTWARE 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 ELEVENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

20

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SEUNE STATE
ALL AHASSET, FLORIDA

Authentication: 203193200 Date: 07-11-19

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You may verify this certificate online at corp.delaware.gov/authver.shtml