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Office Use Only



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PARTABLE STATES

D. BRUCE OCT 21 2019

### **COVER LETTER**

TO: Registration Secti Division of Corpo				
Subsplash, I SUBJECT:				
<u></u>	Name of corpo	ration	- must include suffix	
Dear Sir or Madam:				
	or "Certificate of Good	Stan	Authorization to Transact Business in liding" and check are submitted to regis in Florida.	
Please return all correspor	idence concerning this i	natter	to the following:	
Katie Gullikson				
	Nan	ne of F	erson	
Subsplash, Inc.				
	Firm	/Com	pany	
3257 16th Ave W				
		Addre	SS	
Seattle, WA 98119				WC 2112 212
	City/S	tate ar	d Zip code	::
finance@subsplash.com				اند،
1,-1	E-mail address: (to be	used fo	or future annual report notification)	
For further information co	ncerning this matter, pl	ease c	all:	79 77 77
Katie Gullikson	206		965-8090	· ·
Name of Person	at ( Area	Code	Daytime Telephone Number	
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Con Tallahassee, FL 3	on orations enter Circle (2301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	۵	\$78.75 Filing Fee & \$87.50 Filing Certification Certificat	te of

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAP BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Subsplash, Inc.					
		orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	∃D,"	"COMPANY," "CORPORATION,"		
		able in Florida, enter alternate corporate na	me a	idopted for the purpose of transacting but	siness in Flo	
2.	Washington		3.			
09/09/16				(FEI number, if applicable) Perpetual		
٠.	(Date	of incorporation)	٠.	(Date of duration, if other than	perpetual)	
6	10/14/19					
υ.		(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in 7.15	Florida, if prior to registration) 02. F.S., to determine penalty liability)		
7	3257 16th Ave W	/ Scattle, WA 98119			<u> </u>	
		. (Pri V Scattle, WA 98119	ncip	al office address)	1. 1. 1. 1. 2. 1.	
		(Current m	ailin	g address, if different)	<del>- 25</del>	
8.	Name and stree	et address of Florida registered agent: (	(P.C	D. Box NOT acceptable)		
	Name:	C T Corporation System			-	
Ó	fice Address:	1200 South Pine Island Rd.				
Office A	Thee year estates					
		(City)		(Zip code)		
He de fu	aving been nam signated in this other agree to c	ent's acceptance: Led as registered agent and to accept so application, I hereby accept the appo- comply with the provisions of all statut familiar with and accept the obligation	intn es r	nent as registered agent and agree to elative to the proper and complete p	act in th	
		Stap	ha	rie Ticco		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this the Department of State, by the Secretary of State or other official having custody of corporate records in the under the law of which it is incorporated.

(Registered agent's signature)

## 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Address: \_\_\_ \_\_\_\_\_\_ **B. OFFICERS** Timothy Tumer, CEO President: 3257 16th Ave W Seattle, WA 98119 Address: Vice President: Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts sta are true and that he or she is aware that false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.

13. Timothy Turner

### 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** 

#### SUBSPLASH, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the Washington and that its public organic record was filed in Washington and became effective on 08/02/2005.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records certainly of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and proceedings for administrative dissolution are not pending.

Issued Date: 10/01/2019 UBI Number: 602 526 693

STATA ON SHANCH IS89

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

Kim Wyman, Secretary of State

tion Ugna

Date Issued; 10/01/2019.