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PICK-UP WAIT MAIL
(Business Entity Name)
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Copies Certificates of Status
Instructions to Filing Officer:
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

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COVER LETTER

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Dear Sir o	ir Madam:						
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Please retu Kevin O. P	ım all corres logle	pondence concerni	ng this ma	tter to th	e following:		
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Nelson Mu	llins Riley &	Scarborough LLP					
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201 17th St	rcet NW, Sui	te 1700					
			Δ de	diess			<u></u>
Atlanta, GA	30363		Aut	11.022			
			City/Dist				
kevin.fogle(@nelsonmulli	ns.com	City/State	and Zip	code		;
	 -	F-mail address:	(to be use	d for fut	ire annual report	notification)	
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For further	information	concerning this ma	itter, please	e call:			į
Kevin O. Fogle		404	404 322-6285		ā		
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Na	me of Perso	n	Arça Co	dc	Daytime Tele	phone Number	
STREET/COURIER ADDRESS:				MAILING ADDRESS:			
Registration Section				Registration Section			
Division of Corporations Clifton Building			Division of Corporations				
2661 Executive Center Circle		P.O. Box 6327 Tallahassee, FL 32314					
	ahassee, FL				i atianassee, t	TL 34314	
nclosed is a	a check for (he following amou	nt:				
\$70.00 F	iling Fee	☐ \$78.75 Filing 1	Fee & 1	ገ	5 Filing Fee &	☐ \$87.50 Filin	a Fee
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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. EEFC, Inc. 1. (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) 20-3097719 (State or country under the law of which it is incorporated) (FEI number, if applicable) 08/23/2006 (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 19909 120th Ave. NE, Suite 202, Bothell, WA 98011 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida (Zip code) Plantation. (City) 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.

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: ____ Paula McKay Director: 19909 120th Ave. NE, Suite 202, Bothell, WA 98011 Address: Kristina Harper Director: 19909 120th Ave. NE, Suite 202, Bothell, WA 98011 Address: _ B. OFFICERS Paula McKay President: 19909 120th Ave. NE, Suite 202, Bothell, WA 98011 Address: __ Vice President: Suhail Seth Secretary: 201 17th Street NW, Suite 1700, Atlanta, GA 30363 Address: _ Kristina Harper Treasurer: 19909 120th Ave. NE, Suite 202, Bothell, WA 98011 Address: ___ NOTE: If necessary, you may attach as 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 \$.817.155, F.S. Kevin O. Fogle, Assistant Secretary 13. _

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

Additional Officers:

Assistant Treasurer - Karen Luke 93 North Park Place Blvd. Clearwater, FL 33759

Assistant Secretary - Kevin O. Fogle 201 17th Street NW, Suite 1700 Atlanta, GA 30363

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The First State

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

DELAWARE, DO HEREBY CERTIFY "EEFC, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EEFC, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2006.

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

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Authentication: 202242908

Date: 01-23-20

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