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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T GLASS



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2020

DIANNA WISEMAN 8625 SW CASCADE AVE, STE 500 BEAVERTON, OR 97008 US

SUBJECT: ANITIAN, INC. Ref. Number: W20000033231

We have received your document for ANITIAN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 520A00006815

RECEIVED
AFR 2.7 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Anitian, Inc.	
Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact businesses."	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	eter to the following:
Dianna Wiseman	
Name	of Person
Anitian, Inc.	
Firm/C	ompany
8625 SW Cascade Ave, Ste 500	
Address	
Beaverton, OR 97008	ldress P
City/State and Zip code	
invoices@anitian.com	ed for future annual report notification)
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dianna Wiseman 971 801-5395 at ()	
Name of Person Area C	ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

"Inc.," "Co.," "C	orp." "Ine," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name ac		siness in Florida)
Delaware	3. 83-3392051		
(State or count	y under the law of which it is incorporated)	(FEI number, if applica	ible)
1/22/19	5		
(Date of incorporation) 5. (Date of duration, if other than p		perpetual)	
4/1/19			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501	, ,	
8625 SW Cascad	e Ave, Ste 500, Beaverton, OR 97008		
		e <u>street</u> address)	
	(Current mailing	address, if different)	
Namu and stro	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2021 <i>f</i>
Traine and <u>suc</u>	NRAI Services, Inc.		
	MONT Services, Inc.		
Name:			
	1200 S. Pine Island Road		1:27
Name:		 , Florida ³³³²⁴	
Name:	1200 S. Pine Island Road	, Florida 33324(Zip code)	

Scott White, Assistant Secretary

(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.

A. DIRECTORS Andrew Plato Name: □ Chairman Name: □Chairman 8625 SW Cascade Ave, Ste 500 Address: ☐ Vice Chairman ☐ Vice Chairman Address: Beaverton, OR 97008 □ Director □ Director President □ President □ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer □ Other _____ □Other ____ □ Other _____ □Other _____ Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □ President □President ☐ Vice President □ Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ □Other _ □Other_ □Chairman □ Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director æ □ President □President □ Vice President ☐ Vice President ___ □ Treasurer ☐ Treasurer □ Secretary ☐ Secretary □Other □Other _____ □ Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Andrew Plato

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "ANITIAN, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SECOND DAY OF

JANUARY, A.D. 2019, AT 3:06 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FIFTH DAY OF FEBRUARY,
A.D. 2019, AT 12:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "ANITIAN, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE:

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

Authentication: 202528009

Date: 03-05-20

7205448 8310 SR# 20201956476