

F20000005273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

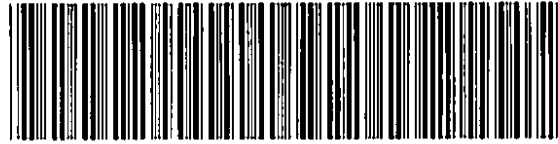
(Business Entity Name)

(Document Number)

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

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RECEIVED

2020 NOV 23 PM 2:38

DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

FILED

2020 NOV 23 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 24 2020  
K. Brumbley

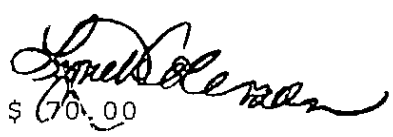
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 525514 4358237

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : November 23, 2020

ORDER TIME : 1:0 PM

ORDER NO. : 525514-005

CUSTOMER NO: 4358237

FOREIGN FILINGS

NAME: CASCADE ACQUISITION CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cascade Acquisition Corp.

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:

Daniel Hirsch

Name of Person

Cascade Acquisition Corp.

Firm/Company

1900 Sunset Harbour Dr., Suite 2102

Address

Miami Beach, FL 33139

City/State and Zip code

dan@gravents.com

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

For further information concerning this matter, please call:

Daniel Hirsch

at (415) 637-9046

Name of Person

Area Code

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 DEPARTMENT OF STATE**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Cascade Acquisition Corp.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 85-2562068  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 14, 2020 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1900 Sunset Harbour Dr., Suite 2102, Miami Beach, FL 33139  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Corporation Service Company

By: [Signature]  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

# A. DIRECTORS

☒ Chairman Name Greg Wolff  
☐ Vice Chairman Address Cascade Acquisition Corp  
☐ Director 1900 Sunset Harbour Dr., Suite 2102  
☐ President Miami Beach, FL 33139  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

☐ Chairman Name Greg Wolff  
☐ Vice Chairman Address Cascade Acquisition Corp  
☒ Director 1900 Sunset Harbour Dr., Suite 2102  
☐ President Miami Beach, FL 33139  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

☐ Chairman Name Juha Gouru  
☐ Vice Chairman Address Cascade Acquisition Corp  
☒ Director 1900 Sunset Harbour Dr., Suite 2102  
☐ President Miami Beach, FL 33139  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

☐ Chairman Name Greg Wolff  
☐ Vice Chairman Address Cascade Acquisition Corp  
☐ Director 1900 Sunset Harbour Dr., Suite 2102  
☐ President Miami Beach, FL 33139  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

☐ Chairman Name Greg Wolff  
☐ Vice Chairman Address Cascade Acquisition Corp  
☐ Director 1900 Sunset Harbour Dr., Suite 2102  
☐ President Miami Beach, FL 33139  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ Other \_\_\_\_\_

☐ Chairman Name Roy Guthrie  
☐ Vice Chairman Address Cascade Acquisition Corp  
☒ Director 1900 Sunset Harbour Dr., Suite 2102  
☐ President Miami Beach, FL 33139  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
☐ 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.

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 § 817.12, F.S.

13 Daniel Hirsch, CFO and COO  
 (Typed or printed name and capacity of person signing application)

Continuation Page

**A. DIRECTORS**

Name: Kevin Ryan, Director

Address: Cascade Acquisition Corp.

1900 Sunset Harbour Dr., Suite 2102

Miami Beach, FL 33139

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASCADE ACQUISITION CORP." 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 NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASCADE ACQUISITION CORP." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2020.

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



A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3450484 8300

SR# 20208469247

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204142269

Date: 11-23-20