

F200000 05355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

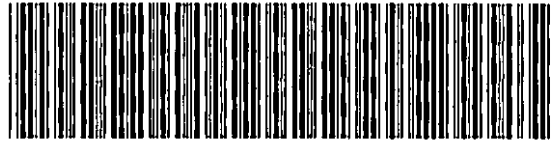
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COVER LETTER

TO: Registration Section
Division of Corporations
Intrinsic Enterprises Inc

SUBJECT: _____
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:
Matthew Wright

Name of Person	
Intrinsic Enterprises Inc	
Firm/Company	
6947 Coal Creek Pkwy SE, STE 186	
Address	
Newcastle, WA 98059	
City/State and Zip code	
mwright@intrinsic skyline.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Matthew Wright	650	746-4683
Name of Person	at ()	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 checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
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.*

Intrinsic Enterprises Inc

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Intrinsic Enterprises Inc. : Intrinsic Enterprises Florida Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Washington 81-0799052

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

12/23/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

9/25/2020

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

6947 Coal Creek Pkwy SE, STE 186 Newcastle, WA 98059

7. _____
(Principal office street address)

(Current mailing address, if different)

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

Northwest Registered Agent LLC

Name:

7901 4th St N STE 300

Office Address:

St. Petersburg

33702

(City)

, Florida _____
(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the p
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my
and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

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

Kyle R. Metzmaker

☒ Chairman Name: _____
6947 Coal Creek Pkwy SE
☐ Vice Chairman Address: _____
STE 186
☐ Director _____
Newcastle, WA 98059
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

John T. Hruby

☐ Chairman Name: _____
6947 Coal Creek Pkwy SE
☐ Vice Chairman Address: _____
STE 186
☒ Director _____
Newcastle, WA 98059
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

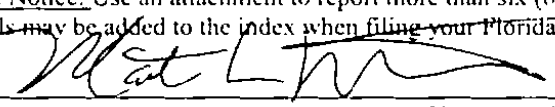
Matthew Wright

☐ Chairman Name: _____
6947 Coal Creek Pkwy SE
☐ Vice Chairman Address: _____
STE 186
☒ Director _____
Newcastle, WA 98059
☐ President _____
☒ Vice President _____
☒ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ 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 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.

13. MATTHEW WRIGHT, DIRECTOR, SECRETARY
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington

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

INTRINSIC ENTERPRISES INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/23/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary 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 been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/07/2020

UBI Number: 603 570 472



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

Kim Wyman, Secretary of State

Date Issued: 11/07/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2020

MATTHEW WRIGHT
6947 COAL CREAK PKWY SE STE 186
NEWCASTLE, WA 98059 US

SUBJECT: INTRINSIC ENTERPRISES INC
Ref. Number: W20000115802

We have received your document for INTRINSIC ENTERPRISES 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 920A00019742

RECEIVED
NOV 12 2020