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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
emailed cut 12/9/20 02821
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COVER LETTER

	OILKED	111210	
TO: Registration Section Division of Corporations			
SUBJECT: StreamYard, Inc.			
	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor"Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Standi	ng" and check are submitted to register	rida," the
Please return all correspondence concernir	ng this matter to	the following:	
Geige Vandentop		·	
	Name of Pe	erson	
Stream Yard, Inc			
	Firm/Compa	nny	
8101 SW Nyberg St #210	·		
	Address	;	
Tualatin, OR 97062			
	City/State and	Zip code	
dana@streamyard.com			<u> </u>
E-mail address:	(to be used for	future annual report notification)	
For further information concerning this ma	atter, please cal	l:	6-0390
Dana Bentz	503 at (431-9691	~ .
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	Ð
Enclosed is a check for the following amor	1001		

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee &

□ \$87.50 Filing Fee,

A. DIRECTORS							
□Chairman	Name: Ceige Vandentop	□Chairman	Name:				
□Vice Chairman	Address: 8101 SW Nyberg St #210	□Vice Chairman	Address: 1870 Mckenzie Ave #223 Victoria, BC V8N 5H4				
□Director	Tualatin, OR 97062	□Director					
President	USA	□President	Canada				
□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					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:	23.25			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director		: 9			
□President	<u></u>	□President		TO 11:			
□Vice President		□Vice President		£.			
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□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. 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 s.817.155, F.S.							
13. Geige Vandentop, President and CEO							

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





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

DELAWARE, DO HEREBY CERTIFY "STREAMYARD, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DC HEREBY FURTHER CERTIFY THAT THE SAID "STREAMYARD."

INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JULY, A.D. 2018.

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Authentication: 203868260

Date: 10-15-20

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SR# 20207805687