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(Re	equestor's Name)		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PrinterLogic, Inc.			
SUBJECT.	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corpora	rtificate of Good Star	iding" and check are submi	
Please return all correspondence	concerning this matte	r to the following:	
Martin Wright			
	Name of	Person	
PrinterLogic, Inc.			
	Firm/Con	npany	
912 West 1600 South, Suite C201			
	Addr	ess	
Saint George, UT 84770			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
	City/State a	nd Zip code	ification)
legalteam@printerlogic.com			<u> </u>
E-mail	l address: (to be used	for future annual report not	ification)
For further information concerning	ng this matter, please of	call:	ification)
Martin Wright	435 at (652-1288	.
Name of Person	Area Cod	Daytime Telephor	ne Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion forations
_	RIDA DEPARTMENT		□ \$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.

 (If name unavail) 	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)	
Delaware			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/01/2017	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
07/27/2015			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
912 West 1600 S			
	outh, Suite C201, Saint George, UT 84770 (Principal office	street address)	
	CIPAL ADDRESS		
	(Current mailing	address, if different)	
M. J.		D. NOT	
Name and stree	et address of Florida registered agent: (P.O. Registered Agents Inc.	Box NOT acceptable)	
Name:	registered Agents Inc.	<u> </u>	
ffice Address:	7901 4th St N STE 300	<u></u>	
	St. Petersburg	Florida 33702	
	(City)	(Zip code)	

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.

Registered Agents Inc. Bill Havre - Assistant Secretary

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	Jarrett Taylor Name:	□Chairman Name: Eva Helen			
□Vice Chairman	Address:	□Vice Chairman	Address: 912 W. 1600 So., Suite C201 Saint George, UT 84770		
₿Director	Saint George, UT 84770	□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	· □Treasurer	□Secretary		□Treasurer	
□Other	□Other	□Other		□Other	
□Chairman □Vice Chairman □Director □President	Saint George, UT 84770	□Chairman □Vice Chairman □Director □President	Address:		
∃Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary		□Treasurer	
□Other	□Other □	Other		□Other	
□Chairman	Name: Ryan Wedig	⊡Chairman	Name.		77710
□Vice Chairman	Address. 912 W. 1600 So., Suite C201	□Vice Chairman	Address.		
☐ Director	Saint George, UT 84770	□Director			
□ President	1,5	□President			<u> </u>
□Vice President		□Vice President			ć
□Secretary	☐Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department of Director of Signature of Director	ent of State Annual Re	eport form		
she is aware that fa s 817,155, F.S	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	iment of State constitu	ates a third degree	e felony as provide	ed for in
13.	M. Share Callaha, (Typed or printed name and capacity of pers	FD on signing application	1)		<u> </u>

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRINTERLOGIC, 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 FOURTEENTH DAY OF OCTOBER, A.D.

2020.

Authentication: 203856483

Date: 10-14-20

6598339 8300 SR# 20207776670

You may verify this certificate online at corp.delaware.gov/authver.shtml