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(R	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)	<del></del>		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

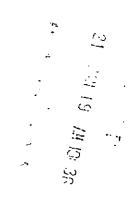
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## COVER LETTER

	egistration Section ivision of Corporations		đ		
SUBJEC	DUNIE INTERACTOR IN	C.			
500500		of corporation	- must include suffix		
Dear Sir c	or Madam;				
"Certifica	sed "Application by Foreign Co to of Existence," or "Certificate crenced foreign corporation to t	of Good Stand	ling" and check are subr		
Please ret	urn all correspondence concern	ing this matter	to the following:		
Randy Lie	ber				
		Name of I	Person		
Blink Inte	ractive, Inc.				
		Firm/Com	pany		
1011 West	tern Ave Suite 600				
-		Addre	SS		
Seattle, W	A 98104				
		City State ar	ad Zip code		
finance@h	olinkux.com				
	E-mail addres	s: (to be used fo	or future annual report n	otification)	
For furthe	r information concerning this ii	natter, please ca	ill:		
Grey Broo	ks	310 at (	993-2750	993-2750  Daytime Telephone Number	
N	lame of Person	Area Code	Daytime Teleph	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		
Please mak	is a check for the following amore check payable to: FLORIDA D Filing Fee	EPARTMENT ig Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &	

#### 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.

Blink Interactiv	e, Inc.				
	rorporation; must include "INCORPORATED," " "orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATIO	ON,"		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transact	ting busin	ess in F	lorida
Washington	91	3. 91-2121685			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
April 5, 2001	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502		ality)		
1515 Scabay Rd.	. Weston. FL 33326				
	(Principal office	street address)			
1011 Western Av	ve Suite 600, Scattle, WA 98104				
	(Current mailing a	ddress, if different)			
. Name and <u>stree</u>	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	A STATE OF	21 JAN	
Name:	Registered Agents Inc.	_	; ;_	•	
Office Address:	7901 4th St N STE 300		•.	అ	1
The Taxable	St. Petersburg			<u>₹</u>	(17)
	(City)	(Zip code)	1-	: 3၉	

#### 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.

> Registered Agents Inc.
> Bill Havre - Assistant Secretary
> (Registered agent's signature) Registered Agents Inc.

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 Karen Clark Cole Kelly Franznick Chairman ∐Chairman 1011 Western Ave Suite 600 1011 Western Ave Suite 600 □Vice Chairman Address: \_ □Vice Chairman Address: Seattle, WA 98104 Seattle, WA 98104 □ Director □ Director President □President □ Vice President □Vice President ☐Treasurer □ Secretary ■ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_\_ Randy Lieber Name: \_\_\_\_\_\_ ☐ Chairman □Chairman Name: Address: \_\_\_\_ □Vice Chairman Address: DVice Chairman Seattle, WA 98104 □ Director □Director □President □President □Vice President □ Secretary Treasurer □Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ LiOther \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Chairman : Name: □Vice Charman Address: \_\_\_\_\_ ElVice Chairman Address: □ Director □Director □President **TiPresident** □Vice President □Vice President □ Secretary ElTreasurer ☐ 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. 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.

Randy Lieber, Treasurer

# 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

#### BLINK INTERACTIVE, 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 04/05/2001.

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: 12/28/2020 UBI Number: 602 112 274

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

Kim Wyman, Secretary of State

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Date Issued: 12/28/2020

