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| (Re | equestor's Name) | |
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| (Āc | ldress) | |
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| (Ci | ty/State/Zip/Phone #) |) |
| PICK-UP | MAIT WAIT | MAIL |
| (Bu | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

03/03/2021

Date:

| | Acc#120160000072 |
|---|---|
| Name: | Pax8, Inc. |
| Document #: | |
| Order #: | 13552731 |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | ☐ Please let us know the total charges |
| Certified Copy of | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: |
| Filing: 🕡 | Certified: Plain: COGS: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ up to \$800.00 |

Thank you!

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.

| <u> </u> | orporation; must include "INCORPORATED, | " "COMBANY " "COPPOPATION" |
|--|--|---|
| | orporation; must include INCORPORATED, orp," "Inc," "Co," or "Corp.") | COMPANY, CORPORATION, |
| | | |
| (If name unavaila | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida) |
| Delaware | 3. | 90-0781532 |
| (State or country December 21, 20 | y under the law of which it is incorporated) | (FEI number, if applicable) |
| - | of incorporation) 5. | (Date of duration, if other than perpetual) |
| (Date | 1 | · |
| 6/8/ | (Date first transacted business | in Florida, if prior to registration) 502, F.S., to determine penalty liability) |
| 5500 S. Quebec S | Street, Suite 350, Greenwood Village, CO 801 | : |
| | | |
| | (Princi | pal office address) |
| | (Princi | pal office address) |
| | | ing address, if different) |
| | (Current mail | ing address, if different) |
| | (Current mail et address of Florida registered agent: (P. | ing address, if different) |
| | (Current mail | ing address, if different) |
| Name and stree | (Current mail et address of Florida registered agent: (P. | ing address, if different) |
| . Name and <u>stree</u> Name: | (Current mail et address of Florida registered agent: (P. C T Corporation System | ing address, if different) O. Box NOT acceptable) |
| Name and stree | (Current mail et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road | ing address, if different) |
| . Name and <u>stree</u> Name: office Address: | (Current mail et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation, (City) | ing address, if different) O. Box NOT acceptable) |
| Name and street Name: ffice Address: Registered age | (Current mail et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: and as registered agent and to accept ser | O. Box NOT acceptable) , Florida 33324, Cip code) |
| Name and street Name: Office Address: Registered against been name to continue to contin | (Current mail et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint comply with the provisions of all statutes | O. Box NOT acceptable) , Florida 33324 (Zip code) |
| Name and street Name: Office Address: Registered against been name to continue to contin | (Current mail et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint comply with the provisions of all statutes | o. Box NOT acceptable) yice of process for the above stated corporation at the parameter as registered agent and agree to act in this capacity relative to the proper and complete performance of my of my position as registered agent. |
| Name: Office Address: Registered agilaving been namelesignated in this | (Current mail et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: med as registered agent and to accept ser stapplication, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations C T Corporation System | o. Box NOT acceptable) yice of process for the above stated corporation at the parameter as registered agent and agree to act in this capacity relative to the proper and complete performance of my of my position as registered agent. |

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. Names and business addresses of officers and/or directors:

| | ECTORS John W. Street | |
|------------|---|-------------|
| Chairman: | 5500 S. Quebec Street, Suite 350 | |
| Address: | Greenwood Village, CO 80111 | |
| Vice Chai | irman: | |
| Address: | | |
| - | Edwin L. Harper | |
| Director: | 5500 S. Quebec Street, Suite 350 | |
| Address: | | |
| | Bruns H. Grayson | |
| Director: | 5500 S. Quebec Street, Suite 350 | |
| Address: | Greenwood Village, CO 80111 | · |
| B. OFF | ICERS John W. Street | - ; |
| Address: | 5500 S. Quebec Street, Suite 350 | • |
| Address. | Greenwood Village, CO 80111 | |
| Vice Pres | John W. Street | |
| Address: | 5500 S. Ouebec Street, Suite 350 | |
| | Greenwood Viilage, CO 80111 | |
| Secretary: | John W. Street | |
| Address: | 5500 S. Quebec Street, Suite 350, Greenwood Village, CO 80111 | |
| Treasurer | | |
| Address: | 5500 S. Quebec Street, Suite 350, Greenwood Village, CO 80111 | |
| 12 | If necessary, you may attach an addendum to the application listing additional officers and/or director. Signature of Director or Officer | |
| are true a | cer or director signing this document (and who is listed in number 11 above) affirms that the facts state and that he or she is aware that false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. thacl Lipfield, CFO | constitutes |
| 13 | (Typed or printed name and capacity of person signing application) | |

Attachment to Florida Application for Foreign Authorization to Transact Business in Florida

11.A.

David Walsh, Director 5500 S. Quebec Street, Suite 350 Greenwood Village, CO 80111

Bruce Dines, Director 5500 S. Quebec Street, Suite 350 Greenwood Village, CO 80111

Todd Clapp, Director 5500 S. Quebec Street, Suite 350 Greenwood Village, CO 80111

Scott Stuart, Director 5500 S. Quebec Street, Suite 350 Greenwood Village, CO 80111

11.B.

Klaus Dimmler, COO 5500 S. Quebec Street, Suite 350 Greenwood Village, CO 80111

Michael Lipfield, CFO 5500 S. Quebec Street, Suite 350 Greenwood Village, CO 80111