(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email .	Address:			
CIII O T C	AUUI CJS.			

FOREIGN PROFIT/NONPROFIT CORPORATION POINT INSIDE, INC.

Certificate of Status Certified Copy 0 Page Count 04 \$70.00 Estimated Charge

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Help

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.

	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting	business in Florida)		
Washin	gton				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
06/03/2	009 5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in Fi				
7901 4th	(SEE SECTIONS 607.1501 & 607.1502. St N STE 300 St. Peters	• • •	7)		
7901 4th	(SEE SECTIONS 607.1501 & 607.1502) St N STE 300 St. Peters (Principal office g	sburg FL 33702	·)		
7901 4th	St N STE 300 St. Peters (Principal office s	sburg FL 33702			
	(Principal office g	street address) ddress, if different)			
	St N STE 300 St. Peters (Principal office s	street address) ddress, if different)	2021 JUL 19		
Name and stre Name:	(Principal office government) (Current mailing act address of Florida registered agent: (P.O. B.)	street address) ddress, if different) Box NOT acceptable)	2021 JUL 19 PH		
Name and stre	(Principal office section of the sec	street address) ddress, if different) Box NOT acceptable)	2021 JUL 19		

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 agent's signature)

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						
□Chairman	Name: Brandon Ferguson	□Chairman	Name: Jon	Croy		
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	PO BOX 50751		PO BOX 50751			
□President	BELLEVUE WA 98015		BELLEVUE WA 98015			15
□Vice President	-	□Vice President			***	
☐Secretary	☑Treasurer	☐Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman □Vice Chairman □Director	Name: Josh Marti Address: PO BOX 50751	□Chairman □Vice Chairman □Director	Address:			
□President	BELLEVUE WA 98015	□President				
□Vice President		□Vice President				
☑ Secretary	☐Treasurer	Secretary		□Treasurer		
□Other	Other	Other	 -	Other		
□Chairman	Name:	□Chairman □Vice Chairman		<u> </u>	2021 JUL	
		Director	Address.		19	1182
□Director □President		□President			P	7.6 6
□Vice President		□Vice President			3. 53	
Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	DOther		□Other		
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12	Brandon Ferguson 7377CA051986462 Signature of Director					
The officer or dire	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depart	er 11 above) affirms ti	hat the facts state	ed herein are true	and that	
13.	Brandon Ferguson Director					
	(Typed or printed name and capacity of per-	son signing application	n)			



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

POINT INSIDE, 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 06/03/2009.

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: 07
UBI Number: 60

07/15/2021² 602 930 433

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

Kim Wyman, Secretary of State

Date Issued: 07/15/2021