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JE CURPORATIONS ASSEEL FLORIDA RECEIVED

# **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:	Leafly Holdings, Inc.			
oebune	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	ing" and check are subm	
Please return	all correspondence concernin	ig this matter t	o the following:	
Seann Frazier				
		Name of Po	erson	
Parker, Hudson	n, Rainer & Dobbs, LLP			
		Firm/Comp	any	
215 S. Monroe	Street, Suite 750			
		Addres	s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tallahassee, Fl	orida 32301			
	<del></del>	City/State and	d Zip code	
monique.saysa	ina@leafly.com			
	E-mail address:	(to be used fo	r future annual report no	tification)
For further in	formation concerning this ma	itter, please ca	11:	
Monique Says	ana	at ( 206	779-5768	
Nam	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	S:	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make ch ☐ \$70.00 Fil	check for the following amore the payable to: FLORIDA DE ing Fee	PARTMENT ( g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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 unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting b	usiness in Florida)
Washington	3 43	33834135	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applic	able)
11/08/2011	5.		
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
333 ELLIOTT A	VENUE WEST, SUITE 200, SEATTLE, WA 9	8119	
<del></del>	(Principal office	street address)	******
	(Current mailing a	address, if different)	
Name and street	et address of Florida registered agent: (P.O. I		2021 AUS -
Name:	et address of Florida registered agent: (P.O. I		2021 75.2-4
Name:	et address of Florida registered agent: (P.O. I CT Corporation System 1200 South Pine Island Road	Box <u>NOT</u> acceptable)	2021 KUS -11 FH II
Name:	et address of Florida registered agent: (P.O. I CT Corporation System 1200 South Pine Island Road		2021 163 -4 14 10: 1:
Name:  ffice Address:  Registered againg been namesignated in this arther agree to contact the state of the s	et address of Florida registered agent: (P.O. I CT Corporation System 1200 South Pine Island Road Plantation	Box NOT acceptable) , Florida 33324, Zip code)  of process for the above stated cont as registered agent and agree to the proper and complete p	orporation at the pla to act in this capacity
Name:  ffice Address:  Registered aglaving been namesignated in this	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  red us registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida 33324, Zip code)  of process for the above stated cont as registered agent and agree to the proper and complete p	orporation at the pla to act in this capacit

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS Samuel Martin Yoko Miyashita Name: □Chairman □ Chairman 600 1st Ave Ste LL20 600 1st Ave Ste LL20 ☐ Vice Chairman Address: Address: ☐ Vice Chairman Scattle, WA 98104 Seattle, WA 98104 □Director ☐ Director □ President ■ President ■ Vice President □Vice President \_\_\_\_\_ ☐Treasurer □Treasurer □ Secretary ■ Secretary ■Other \_\_ ■Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Christine Groh Adam Dawson ☐ Chairman Name: \_\_ □Chairman 600 1st Ave Ste LL20 600 1st Ave Ste LL20 Address: ☐ Vice Chairman Address: ☐ Vice Chairman Seattle, WA 98104 Seattle, WA 98104 ■ Director □Director ☐ President □ President ☐ Vice President ■ Vice President ☐ Treasurer □ Secretary ■ Treasurer ☐Secretary Finance & Strateg □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □Director □ Director □President □ President ☐Vice President □Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary 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. /s/ Yoko Miyashita 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. Yoko Miyashita



# 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

## LEAFLY HOLDINGS, 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 11/08/2011.

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: 08/03/2021 UBI Number: 603 157 022

STATE OF ASHING

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

Kim Wyman, Secretary of State

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Date Issued: 08 03/2021