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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION ADMIIN INC.

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## 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. Admiin Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) perpetual 4. (Date of incorporation) (Date of duration, if other than perpetual) upon resolution (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 343 W. ERIE ST., STE 601, CHICAGO, IL. (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation. (City) 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. C T Corporation System By: Laura R. Broderick, Asst. Secretary (Registered agent's signature)

From: Kimberly Laughrey

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

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Director: Michael B	<del></del>		i de la	·· ·		
ddress: 343 W. En						
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resident: Michael I	<u>Jurdick</u>	क्षेत्रकार हर्नेद	enson		e Digner i	
ddress: 343 W. E	Eric, Stc 600	rianaria di j		<del></del>		
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Secretary:				· · · · · · · · · · · · · · · · · · ·		
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Address:	·					
NOTE: If necessary	y, you may attach ar	a addendum to the	application listi	ng additional	officers and/or of	lirectors.
12.	2-/-2			•		·
The officer or direct are true and that he a third degree felony	or she is aware that as provided for in	ment (and who is false information	Director or Office s listed in number submitted in a do	r 11 above) aff	firms that the face Department of	cts stated herein State constitute
MICHAEL BUR 13.	DICK, PRESIDENT		:		· · · · · · · · · · · · · · · · · · ·	

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To: 18506176383 Page: 5 of 6 2021-08-03 11:19:03 CST 12122023573 From: Kimberly Laughrey

## ATTACHMENT A

## ADDITIONAL DIRECTORS OF ADMIN INC.

Director: Mark Fernandes

400 Fashion Island Blvd. Stc. 1010

San Matco, CA 94404

Director: Hope Cochran

999 Third Avenue

34thFloor

Scattle, WA 98104

Director: Clara Sieg

343 W. Erie, Ste 600

Chicago, IL 60654

Page: 6 of 6

From: Kimberly Laughrey



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ADMIIN 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 THIRTIETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

a at corn delaware gov/auth

Authentication: 203810465

Date: 07-30-21