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	Account Name : C T CORPORATI Account Number : FCA000000023			
	Phone : (614)280-3338 Fax Number : (954)208-0845			
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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.

E. Route App, I	nc.				
(Enter name of c "Inc ," "Co ," "C	orporation, must include "INCORPORATE forp," "Inc," "Co," or "Corp ")	D,"	"COMPANY," "CORPORATIO	N,	
(If name unavail	able în Florida, enter alternate corporate na		idopted for the purpose of transacti	ng business in Florida)	
2. Delaware		3.			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4. 01/17/2019		5.	perpetual		
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
6					
			Florida, if prior to registration) 02, F.S., to determine penalty ltabi	htv)	
7, 1557 W. Inno	vation Way., Ste. 200 Lehi, UT 84043				
	(Prin	ncip	al office address)	· · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
	(Current ma	ulm	g address, if different)		
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)		
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road			2: 1 2: 1 2: 1	
	Plantation		, Florida <u>33324</u>	œ	
	(City)		(Zip code)		

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.

Stephane Honey Stephanie Hencz, Assistant Secretary

(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.

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

A. DIRECTORS Chairman Evan Walker Address: 1557 W. Innovation Way., Ste. 200 Lehi, UT 84043 Vice Chairman Address: Director: Jeff Fluhr Address: 1557 W Innovation Way, Ste. 200 Lehi, UT \$4043 Director: Ryan Anderson Address: 1557 W Innovation Way, Ste 200 Lehi, UT 84043 **B. OFFICERS** President. Evan Walker Address: 1557 W. Innovation Way, Ste. 200 Lehi, UT 84043 Vice President: Hunter Saunders Address: 1557 W Innovation Way, Ste 200 Lehi, UT 84043 Secretary: John Jensen Address: 1557 W. Innovation Way., Ste. 200 Lehi, UT 84043 Treasurer: Hunter Saunders Address: 1557 W Innovation Way, Ste. 200 Lehi, UT 84043 NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 12. ____ John Jursen ____ 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. 13. John Jensen, Secretary

(Typed or printed name and capacity of person signing application)



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROUTE APP, 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 TENTH DAY OF SEPTEMBER, 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.



Jeffrey W. Baddekl, Bacrotlary of Blate)

Authentication: 204129209 Date: 09-10-21

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