

F2100005744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

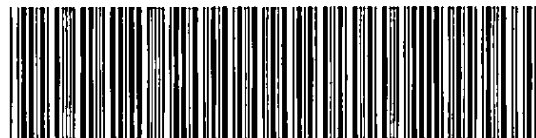
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SEL

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09/10/21--01015--011 **78.75
10/05/21--01012--001 **150.00

FILED
2021 OCT -6 PM 4:40
CLERK OF STATE
TALLAHASSEE, FL

91



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2021

LAURIE SHOULARS
121 SW SALMON STREET STE 900
PORTLAND, OR 97204

SUBJECT: CAYUSE TOPCO, INC.
Ref. Number: W21000124868

We have received your document for CAYUSE TOPCO, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 321A00022283

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cayuse Topco, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laurie Shoulars

Name of Person

Cayuse Topco, Inc.

Firm/Company

121 SW Salmon Street, Ste 900

Address

Portland, OR 97204

City/State and Zip code

finance@cayuse.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Shoulars

Name of Person

at (919) 523-9413

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 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.

1. Cayuse Topco, Inc.

(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)

2. Delaware

(State or country under the law of which it is incorporated)

3. 85-2474156

(FEI number, if applicable)

4. 8/11/2020

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 8/26/2020

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 121 SW SALMON STREET, Suite 900 Portland OR 97204

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest-Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(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.



(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.

2021 OCT -6 PM 4:40
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

A. DIRECTORS

☒ Chairman Name: PHILLIP MOLNER II
☐ Vice Chairman Address: _____
☐ Director 3353 PEACHTREE RD, NE
☐ President SUITE 510
☐ Vice President ATLANTA, GA 30326
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: DOMINIC OFFREDO
☐ Vice Chairman Address: _____
☒ Director 28601 CHAGRIN BLVD, Ste 525
☐ President WOODMERE, OH 44122
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: DANIEL NEUWIRTH
☐ Vice Chairman Address: _____
☒ Director 570 LEXINGTON AVE, 36TH FLOOR
☐ President NEW YORK, NY 10022
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: CHRIS WELCH
☐ Vice Chairman Address: _____
☒ Director 28601 CHAGRIN BLVD, Ste 525
☐ President WOODMERE, OH 44122
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matt McLellan
☐ Vice Chairman Address: _____
☒ Director 121 SW Salmon Street, Suite 900
☒ President Portland OR 97204
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: JOHN STARR
☐ Vice Chairman Address: _____
☐ Director 121 SW SALMON STREET, STE 900
☐ President PORTLAND, OR 97204
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ 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.

12. [Signature] 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.

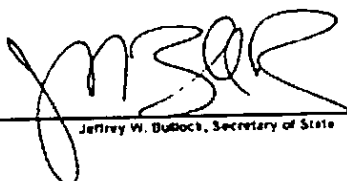
13. JOHN STARR, Secretary
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAYUSE TOPCO, 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 TWENTY-THIRD DAY OF AUGUST, A.D.
2021.


Jeffrey W. Bullock, Secretary of State

3402227 8300

SR# 20212952519

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983567

Date: 08-23-21