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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.

Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION RIVERSIDE PAYMENTS, INC.

Certificate of Status	0
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Page Count	04
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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.

тең со., с	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting business in Florida)	
Washing	gton 3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	_
03/31/20	014 5	(Date of duration, if other than perpetual)	_
(Date	of incorporation)	(Date of duration, if other than perpetual)	
·			_
	(Date first transacted business in Fl		
5721 SE	(SEE SECTIONS 607.1501 & 607.1502	f, F.S., to determine penalty liability)	1
5721 SE	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150	r. F.S., to determine penalty liability) Vancouver Washington 9866	<u> </u>
	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office)	Vancouver Washington 9866 street address)	<u> </u>
	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office A Vance)	Vancouver Washington 9866 street address)	<u>1</u> -
2404 E N	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office) Aill Plain Blvd Suite A Vand (Current mailing a	Vancouver Washington 9866 street address) couver Washington 98661 address, if different)	-
2404 E N	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office) (Principal office) (Current mailing a get address of Florida registered agent: (P.O. 1	Vancouver Washington 9866 street address) couver Washington 98661 address, if different)	-
2404 E N	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office) Aill Plain Blvd Suite A Vand (Current mailing a	Vancouver Washington 9866 street address) couver Washington 98661 address, if different)	-
2404 E N Name and stress Name:	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office) (Principal office) (Current mailing a get address of Florida registered agent: (P.O. 1	Vancouver Washington 9866 street address) couver Washington 98661 address, if different) Box NOT acceptable)	
2404 E N	(SEE SECTIONS 607.1501 & 607.1502 Columbia Way Suite 150 \ (Principal office) (Principal office) (Current mailing a get address of Florida registered agent: (P.O. 1) Registered Agents Inc.	Vancouver Washington 9866 street address) Couver Washington 98661 address, if different) Box NOT acceptable)	

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.

DocuSign Envelope ID: 84578DA4-5C57-4704-B8A3-91E72C8B41AA A. DIRECTORS Name: Jason Reese Name: Brandon Skinner □Chairman ☐ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: ___ 7901 4th St N STE 300 7901 4th St N STE 300 **☆** Director X Director St. Petersburg FL 33702 St. Petersburg FL 33702 President □ President □Vice President □Vice President Secretary ☐Treasurer Treasurer ☐ Secretary □Other _____ Other Other _____ □Other _____ □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: _____ Director □Director □ President □President □Vice President □Vice President __ □Secretary □Treasurer □Treasurer □ Secretary □Other_____ □Other _____ □Other _____ □Other _____ Name: □Chairman □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □ President □ President □Vice President □Vice President Treasurer ☐Secretary □Treasurer □ Secretary □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. Jason Reck 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.

Jason Reese, Vice President, Secretary, Treasurer, Director

The State of Washington

Secretary of State

1, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

RIVERSIDE PAYMENTS, 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 03/31/2014.

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: 10/21/2021 UBI Number: 603 390 124

STATE OF STA

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

Kim Wyman, Secretary of State

Kin Ulgna

Date Issued: 10/21/2021