

| (Rec | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Adc | iress) | |
| (Adc | tress) | |
| (City | //State/Zip/Phone | #) |
| PICK-UP | | MAIL |
| (Bus | iness Entity Nam | e) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



PELLED

RECEIVEN 2021 NOV -1 PH 4: 06 MULAN ALSEN LORIDA

S. HAWKES

NUV _ T ZUZI

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

.

| | ACCOUNT NO. | : | 120000000 | L95 | |
|--------------|------------------|---|-----------|---------|--|
| | REFERENCE | : | 184996 | 8310856 | |
| | AUTHORIZATION | : | J. Kol | | |
| | COST LIMIT | : | \$70.00 | han | |
| | | | | | |
| ORDER DATE : | November 1, 2021 | | | | |
| ORDER TIME : | 1:19 PM | | | | |
| ORDER NO. : | 184996-005 | | | | |
| CUSTOMER NO: | 8310856 | | | | |

FOREIGN FILINGS

NAME: BUNGIE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: Bungie, 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:

| Kaj Trapp | |
|------------------|--|
| Bungie, Inc. | |
| 550 106th Ave NE | |

Address

Firm/Company

Name of Person

Bellevue, WA 98004

City/State and Zip code

legal@bungie.com

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

For further information concerning this matter, please call:

| Name of Person | Area Code | Daytime Telephone Number | |
|---------------------------------|-----------|--------------------------|--|
| STREET/COURIER ADDRE | SS: | MAILING ADDRESS: | |
| Registration Section | | Registration Section | |
| Division of Corporations | | Division of Corporations | |
| The Centre of Tallahassee | | P.O. Box 6327 | |
| 2415 N. Monroe Street, Suite 81 | 10 | Tallahassee, FL 32314 | |
| Tallahassee, FL 32303 | | | |

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.

Bungie, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

| Delaware | | 3. | 27-4411168 | | |
|--|---|----------|---|----------------|--|
| (State or country under the law of which it is incorporated) | |) | 3(FEI number, if applicable | | |
| 12/12/2006 | | 5 | | | |
| (Date | of incorporation) | <i>v</i> | (Date of duration, if other the | han perpetual) | |
| 11/1/2021 | | | | | |
| | | | Porida, if prior to registration) 2, F.S., to determine penalty liabilit | y) | |
| 550 106th Ave N | E. Bellevue, WA 98004 | | | | |
| | (Principal | office | street address) | | |
| | | | | . 21 | |
| | (Current m | ailing | address, if different) | 8211 | |
| Name and stree | et address of Florida registered agent: | (P.O. | Box <u>NOT</u> acceptable) | - | |
| Name: | Corporation Service Company | | | PH | |
| fice Address: | 1201 Hays Street | | | H 2: 49 | |
| | Tallahassee | | Florida 32301 | | |
| | (Citv) | | (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.

Corporation Service Company By: Ulyn's Weifed assistant va presetunt (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: C1D66063-D47D-425F-A12B-F13A04EFA8FF

A. DIRECTORS

| Chairman | Pete Parsons Name: | □Chairman | Chris Butcher Name: |
|--|-----------------------------------|-------------------------------|--|
| 🗆 Vice Chairman | 550 106th Ave NE | ⊡Vice Chairman | 550 106th Ave NE Address: |
| Director | Bellevue, WA 98004 | Director | Bellevue, WA 98004 |
| President | | President | |
| □Vice President | | □Vice President | |
| Secretary | Treasurer | □Secretary | □Treasurer |
| □Other | Other | □Other | ①Other |
| □Chairman □Vice Chairman ■Director | Christopher Barrett Nume: | □ Chairman □ Vice Chairman | Name: Jason Jones Name: 550 106th Ave NE Address: Bellevue, WA 98004 |
| | | Director | |
| | | □Vice President | · |
| Secretary | Treasurer | Secretary | □Treasurer |
| □Other | Other | ⊡Other | Other |
| □Chairman | Name: | □ Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | Bellevue, WA 98004 | Director | Bellevue, WA 98004 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| □ Secretary | Treasurer | Secretary | □ Treasurer |
| □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.

Von McGowan 12. - D544390279104AB .

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. Don McGowan, Corporate Secretary

Page 1



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUNGIE, 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 FIRST DAY OF NOVEMBER, 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 SAID "BUNGIE, INC." WAS INCORPORATED ON THE TWELFTH DAY OF DECEMBER, A.D. 2006.

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



lock. Secretary of State

Authentication: 204561637 Date: 11-01-21

4266381 8300

SR# 20213665607

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

COVER LETTER

| TO: | Registration Section |
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| | Division of Corporations |

SUBJECT: Bungie, Inc.

Name of corporation - must include suffix

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| Kaj | Тгарр |
|-----|-------|
| Kaj | Гтарр |

| Bungie, | Inc. |
|---------|------|

Firm/Company

Name of Person

550 106th Ave NE

Address

Bellevue, WA 98004

City/State and Zip code

legal@bungie.com

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

For further information concerning this matter, please call:

| Kaj Trapp | at (²⁵ | 53 | 520-0541 | |
|----------------------------------|-----------------------|-----------------------|--------------------------|---|
| Name of Perso | | rea Code | Daytime Teleph | one Number |
| STREET/CO | URIER ADDRESS: | | MAILING AE | DDRESS: |
| Registration Section | | | Registration Se | ction |
| Division of Corporations | | | Division of Corporations | |
| The Centre of Tallahassee | | | P.O. Box 6327 | |
| 2415 N. Monroe Street, Suite 810 | | Tallahassee, FL 32314 | | |
| Tallahassee, Fl | L 32303 | | | |
| Enclosed is a check for | the following amount: | | | |
| Please make check payab | le to: FLORIDA DEPAR | TMENT OF | ⁷ STATE | |
| \$70.00 Filing Fee | □ \$78.75 Filing Fee | & 🗆 \$` | 78.75 Filing Fee & | \$87.50 Filing Fee. |
| | Certificate of State | us C | ertified Copy | Certificate of Status & Certified Copy |