

F22000000157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

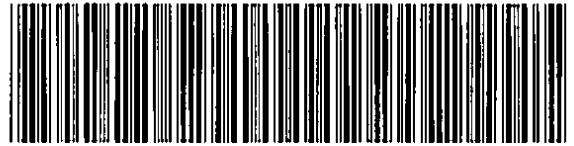
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 26 AM 15 30 52

ALLAHSEE COUNTY STATE
OFFICE

S. HAWKES

JAN 26 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1/5/2022

****WALK IN****

ENTITY NAME MAGNOLIA MEDICAL TECHNOLOGIES, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

W: c DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnolia Medical Technologies, 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:

Chris Inzana

Name of Person

SingleFile Technologies Inc.

Firm/Company

113 Cherry Street #70875

Address

Seattle, WA 98104

City/State and Zip code

Support@singlefile.io

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

For further information concerning this matter, please call:

Chris Inzana

at (800)

391-9869

Name of Person

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. Magnolia Medical Technologies, 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. Washington 3. 45-3839245
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/4/2011 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 200 West Mercer Street #500, Seattle, WA 98119
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 - 4th Street N., Suite 300

St. Petersburg, Florida 33702
(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.



Bill Havre, Asst. 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

☐ Chairman Name: Gregory J. Bullington
☐ Vice Chairman Address: 200 West Mercer Street #500
☒ Director Seattle, WA 98119
☒ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☒ Chairman Name: Randy Scott
☐ Vice Chairman Address: 200 West Mercer Street #500
☒ Director Seattle, WA 98119
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

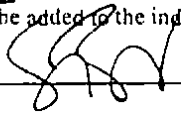
☐ Chairman Name: Paul Meister
☐ Vice Chairman Address: 200 West Mercer Street #500
☒ Director Seattle, WA 98119
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kathryn Beal
☐ Vice Chairman Address: 200 West Mercer Street #500
☒ Director Seattle, WA 98119
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Josh Baltzel
☐ Vice Chairman Address: 200 West Mercer Street #500
☒ Director Seattle, WA 98119
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Enever
☐ Vice Chairman Address: 200 West Mercer Street #500
☒ Director Seattle, WA 98119
☐ President _____
☐ 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 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. Gregory J. Bullington, President and Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Magnolia Medical Technologies, Inc.

Application by Foreign Corporation for Authorization to Transact Business in Florida

11.A. Directors and Officers (attachment)

Ronald Lowy

Director

200 West Mercer Street #500

Seattle, WA 98119

Pat O'Malley

Chief Financial Officer

200 West Mercer Street #500

Seattle, WA 98119

Robert E. Gerberich

Chief Commercial Officer

200 West Mercer Street #500

Seattle, WA 98119

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MAGNOLIA MEDICAL TECHNOLOGIES, 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 11/04/2011.

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: 01/04/2022
UBI Number: 603 156 554



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

A handwritten signature in black ink, reading "Steve R. Hobbs".

Steve R. Hobbs, Secretary of State

Date Issued: 01/04/2022