F2200	5000724			
(Requestor's Name) (Address) (Address)	200380989412			
(City/State/Zip/Phone #)	SECRETARY OF STAT			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECT 12 1022 FEB - 3 PH 3: 15 Англ. 2010 Алия			

FEB - 4 2022 M. SOLOMON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/01/2022

WALK IN

ENTITY NAME Gulf Coast Devops, Inc - Incorporation

DOCUMENT NUMBER_

PLEASE FILE THE ATTACHED AND RETURN

XXXXX Plain Copy

Certified Copy Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certificate of Good Standing

APOSTILLE' / NOTARIAL CERTIFICATION

total owed^{\$70}

ACCOUNT #: I20160000072

-5 8 FM

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607 1593, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER & FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1.		prporation, must include "INCORPORATED prp," "Inc." "Co." or "Corp.")	D." "COMPANY," "CORPORATION,"	-	
	Triad Search Gr	sup Inc.			
	(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	-	
2.	W'A	3	91-1632566		
⊷.	(State or country	ander the law of which it is incorporated)		-	
4.	3/10/1994	5	Perpetual (Date of duration, if other than perpetual)		
	(Date	of incorporation)	(Date of duration, if other than perpetual)	-	
6.					
		(Date first transacted business (SEE SECTIONS 607 1501 & 607 1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7	10900 NE 8th Str				
' -		(Principal of	fice <u>street</u> address)	-	
		(Uurrent maili	ing address, if different)		
8.	Name and stree	<u>Laddress</u> of Florida registered agent: (P. Unisearch, Inc.	O. Box <u>NOT</u> acceptable)	2022 F	وتمعير
	Name:				
Of	Tice Address:	1990 Main Street, Suite 750-709		92 W	1
		Sarasota (City)	Florida 34236		
		(City)	(Zin code)	ခြင့်၊ ထူ	\Box

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.

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.

•		
Α.	DIRECTORS	

Chairman	James N Mercer	🗆 Chairman	Name:	-		
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Kirkland, WA 98033	Director				
President		□ President	·	······································		
⊡Vice President		□Vice President				
C Secretary	Treasurer	Secretary		Treasurer		
□Other	□Other	⊇Other		□Other		
Chairman	Ann M Mercer	⊒Chairman	Name:			
□Vice Chairman	9010 - 112th Ave NE	⊡Vice Chairman	Address:			
Director	Kirkland, WA 98033	Director				
⊡President		□President	~			
□Vice President		□Vice President				
Secretary	Treasurer	□Secretary		Treasurer		
⊡0ther	Other	Other		⊡0ther	2022	
					Pro 10 100	
🗇 Chairman	Name:	□Chairman	Name:			
⊡Vice Chairman	Address:	⊡Vice Chairman	Address:			. IT
Director		Director			<u></u>	C
□President		□President			8	
□Vice President		□Vice President				
Secretary	Treasurer	Secretary		Treasurer		
□Other	C0ther	□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 Jiling your Florida Department of State Annual Report form.

Signature of Director or Officer tri 12.

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 \$,847,155, F.S.

13. James N Mercer, President



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

CERTIFICATE OF EXISTENCE

OF

THE TRIAD GROUP INCORPORATED

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 03/10/1994.

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: 01/31/2022 UBI Number: 601/530/046



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R Hohns

No 2 R. Hollos, Steven and M.S.

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