

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	D' data de Campaniano	
	Division of Corporations	•
	Fax Number : (850)617-6383	•
From:		,
	Account Name : REGISTERED AGENTS INC.	'ان *-س
	Account Number : I20090000081	إثري لمستر
	Phone : (307)200-2803	, ۲۰
	Fax Number : (855)330-1010	
Enter an	the email address for this business entity to be us nual report mailings. Enter only one email address	sed for future please.**
Em	ail Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION CASCADIA GLOBAL SECURITY INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 APR -6 AH II: 19

8. HAWKES MAR - = 2021

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.

(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
Machinat	on	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
00/00/00	10	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in Fl	orida, if prior to registration)
	(300 300 110 113 007.1301 60 007.1302.	, t.b., to determine penalty hashing
7901 4th S	t N STE 300 St. Petersburg Fl	
7001 /th S	st N STE 300 St. Petersburg Fl	
79014111	(Current mailing a	
		iddress, if different)
	(Curtin maning 2	ddress, if different)
Name and stree	•	
	at address of Florida registered agent: (P.O. E	Box NOT acceptable)
Name and stree Name:	n address of Florida registered agent: (P.O. E Northwest Registered Agent LLC	Box NOT acceptable)
Name:	Northwest Registered Agent LLC 7901 4th St N STE 300	Box NOT acceptable)
Name:	Northwest Registered Agent LLC 7901 4th St N STE 300	Box NOT acceptable)
Name:	n address of Florida registered agent: (P.O. E Northwest Registered Agent LLC	Box NOT acceptable)
Name: ffice Address:	Northwest Registered agent: (P.O. E. 7901 4th St N STE 300 St. Petersburg (City)	Box NOT acceptable)
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Name: ffice Address: Registered againg been names ignated in this arther agree to contact.	Northwest Registered agent: (P.O. E. Northwest Registered Agent LLC 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: application, I hereby accept the appointment omply with the provisions of all statutes relations.	Sox NOT acceptable) C Florida 33702 (Zip code) of process for the above stated corporation at the plant as registered agent and agree to act in this capacitative to the proper and complete performance of my active to the proper and complete performance active to the proper and complete performance active to the proper and complete performance active to the proper active
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: Joshua Harris □ Chairman Name: □ Chairman Address: ____ □ Vice Chairman Address: □Vice Chairman 7901 4th St N STE 300 Director **⊠**Director St. Petersburg FL 33702 □President President □Vice President □Vice President ☐Treasurer XITreasurer € ☐Secretary X Secretary □Other _____ □Other _____ Other _____ Name: Rory O'Flaherty Name: □ Chairman □Chairman ☐ Vice Chairman Address: □Vice Chairman Address: _____ 7901 4th St N STE 300 □ Director □Director St. Petersburg FL 33702 □ President **XIP**resident □Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □ Other _____ □Other _____ _{Name:} Asa Palagi Name: □ Chairman □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: _____ 7901 4th St N STE 300 □Director St. Petersburg FL 33702 □President □ President □Vice President ☐ Vice President ☐Secretary Treasurer □ Treasurer □ Secretary □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. 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. Joshua Harris - Sec/Treas





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

CASCADIA GLOBAL SECURITY 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 09/20/2018.

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: 03/31/2022 UBI Number: 604 338 628

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

LR Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/31/2022