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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. FRANKLIN APR 1 9 2022

COVER LETTER

	stration Section sion of Corporations						
SUBJECT:	Solace Cremation, Inc.						
00202011		ne of corporation	- must include:	suffix			_
Dear Sir or M	Лadam:						
"Certificate of	l "Application by Foreign of Existence," or "Certific need foreign corporation to	ate of Good Star	iding" and check				
Please return	all correspondence conce	erning this matter	to the following	g:			
Jeremy Frank							
	· <u></u>	Name of	Person				_
Solace Crema	ition, Inc.						
		Firm/Con	npany			72) -
6622 Southpo	oint Dr. S, Suite 170					,	≍ ح
-		Addr	ess				PR.
Jacksonville,	FL 32256						2002 APR -6 PH 4:1
	- · · · · · · · · · · · · · · · · · · ·	City/State a	nd Zip code				-Pi
info@solacec						1.	<u>-</u> -
	E-mail addr	ess: (to be used	for future annual	report n	otification)	1	_ 6
For further in	nformation concerning this	s matter, please o	call:			,	
Jeremy Frank		at (917	923-3857				
Nan	ne of Person	Area Cod	e Daytin	ne Teleph	none 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					
	_	. DEPARTMENT	OF STATE S78.75 Filing Certified Cop		S87.50 Fill Certificate Certified (of Stati	

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.

	adopted for the purpose of transacting business in F	
	83-1859748	,
3. inder the law of which it is incorporated)	83-1859248 (FEI number, if applicable)	
incorporation)	(Date of duration, if other than perpetual))
St., Portland, OR 97209	·	
(Principal off	fice street address)	2022 APR
. S, Suite 170 Jacksonville, FL 32256		ديم حرن ــــــــــــــــــــــــــــــــــــ
(Current maili	ng address, if different)	
	O. Box NOT acceptable)	-6 PH
Unisearch, Inc.		
1990 Main Street, Suite 750-709		
Sarasota	, Florida	
(City)	(Zip code)	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1501, Portland, OR 97209 (Principal off S., Suite 170 Jacksonville, FL 32256 (Current mailineddress of Florida registered agent: (P. Unisearch, Inc. 1990 Main Street, Suite 750-709 Sarasota (City)	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) St., Portland, OR 97209 (Principal office street address) . S, Suite 170 Jacksonville, FL 32256 (Current mailing address, if different) Address of Florida registered agent: (P.O. Box NOT acceptable) Unisearch, Inc. 1990 Main Street, Suite 750-709 Sarasota , Florida 34236

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.

A. DIRECTORS					
□Chairman	Name: Keith Crawford	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman			
Director	Portland, OR 97209	Director			
□President		□President			
□Vice President		□Vice President			
Secretary	☐Treasurer	☐ Secretary		Treasurer	
Other CEO	Other	□Other	······································	□ Other	
	Name:	□ Chairman	Name:		
Chairman	Address:				
	Address: Portland, OR 97209		Address:		
Director		□Director			
□President		☐ President			
☐ Vice President	-	☐ Vice President			
□Secretary	☐Treasurer	☐ Secretary		□Treasurer	
Other CCO	□Other	Other		□Other 22	
□Chairman	Name:	□Chairman	Name:	□Other 2022 APR -6	
□Vice Chairman	Address:	□ Vice Chairman		70	
Director	Portland, OR 97209	□Director			
President		□President		06	
□Vice President		□ Vice President			
Secretary	☐ Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□Other	
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme	nt of State Annual Re	eport form.		
12	Signature of Director o	r Officer			
she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms th	nat the facts states	I herein are true and that he or	
13. Jeremy N. I	Frank (Typed or printed name and capacity of person	on signing application	<u> </u>		
	(1) ped or printed hand and enpacity of perse	3.5 application	7		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLACE CREMATION, 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 THIRTIETH DAY OF MARCH, A.D. 2022.



Authentication: 203044669

Date: 03-30-22