Florida Department of State Division of Corporations Encyonic Filing Cover Sheet
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To: Division of Corporations Fax Number : (850)617-6383
From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010
<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>
FOREIGN PROFIT/NONPROFIT CORPORATION
Certificate of Status 0 Certified Copy 0
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Help

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 REFSORTED 12: 04

1. Risepointe,	Inc.	Sector concernance
(Enter name of c "Inc.," "Ċo.," "C	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY, CORPORATION EE. FLORIDA
(if name unavail	able in Florida, enter alternate corporate name ado	ppted for the purpose of transacting business in Florida)
2 Washingto	on 3	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
0,00,0010		
(Date	55	(Date of duration, if other than perpetual)
6.		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 NI STE 200 St. Potorsburg EL 33	, F.S., to determine penalty liability)
74[1] 51	N STE 300 St. Petersburg FL 33 (Principal office	
7901 Ath St	t N STE 300 St. Petersburg FL 33	
		iddress, if different)
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O. 1	_
Name:	Northwest Registered Agent LL	
Office Address:	7901 4th St N STE 300	
	St. Petersburg	, Florida 33702
	(City)	(Zip code)

9. Registered agent's acceptance:

. I. .

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.

Tom Glov

(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.

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A. DIRECTORS				
□Chairman	Name: Jonathan Bugler	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
W Director	1520 N 82nd st	Director		
X President	Seattle WA 98103	President		
□Vice President		DVice President		
Secretary	Treasurer			Treasurer
[]01her	Other	O0ther	t	□Other
□Chairman	Name: Aaron Stanski	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
100 Director	725 Pimlico Pkwy	Director		
□President	Sieepy Hollow IL 60118	President		
□Vice Presid e nt		□Vice President		
Secretary	図Treasurer	Secretary		Treasurer
O0ther	Other	DOther	<u>,</u>	DOther
□Chairman	Name:	□ Chairman	Name:	<u> </u>
El Vice Chairman	Address:	□Vice Chairman	Address:	
Director	<u></u>	Director		
□President		President	<u> </u>	
□Vice President		□Vice President		
Secretary	[]] Treasurer	Secretary		Treasurer
DOther	Other	□Other		©Other
Important Notice:	Use an attachment to report more than six (6). The	attachment will be image	d for reporting	purposes only. Non-indexed

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. Jonathan Bugler

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. Jonathan Bugler, President

(Typed or printed name and capacity of person signing application)
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