(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 6/29/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1051255

ORDER ENTITY

TIDAL VISION PRODUCTS, INC.

PLEASE PERFO	RM THE FOL	LOWING:	SERVICES:

TIDAL VISION PRODUCTS, INC. (FL)

File the attached foreign qualification document

NOTES:

\$870.00 Authorized (\$500.00 Penalty, \$300.00 for 2021 and 2022 annual reports and \$70.00 filing fee) Email address for annual report reminders: jodi@tidalvisionusa.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 29, 2022

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.

Tidal Vision P (Enter name of c "Inc" "Co" "C	corporation: must include "INCORPORATEL orp." "Inc," "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	siness in Florida
Delaware		85-2366941	
(State or ecountr 07/23/2020	y under the law of which it is incorporated)	(FEI number, if applical	ble)
(Date	of incorporation)	(Date of duration, if other than p	perpetual)
July 23, 2020			
	(SEE SECTIONS 607.1501 & 607.1 Pt Dr, Unit 2, Navarre, FL 32566	in Florida, if prior to registration) 502, F.S., to determine penalty liability) ice street address)	2022 JUN 29 AM SECULIA SS FOR A
		ng address, if different)	1000 1000 1000 1000 1000 1000 1000 100
Name and stree	t address of Florida registered agent: (P.0	D. Box NOT acceptable)	
Name:	Registered Agent Solutions, Inc.		
ffice Address:	155 Office Plaza Dr., Suite A		
	Tallahassee	 , Florida 32301	
	(City)	(Zip code)	

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.

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

A. DIRECTORS Name: Craig Kasberg □ Chairman Name: Dean Fasnacht □Chairman 3710 Irongate Rd, Bellingham, WA 98226 □ Vice Chairman 3710 Irongate Rd, Bellingham, WA 98226 ☐ Vice Chairman ☑ Director ☑ Director ☑ President President ☐ Vice President □ Vice President ☐ Secretary □ Treasurer □ Secretary ☐ Treasurer Other ____ □Other _____ □Other _____ Name: Zachary Wilkinson □Chairman Name: Andrew Haughian □Chairman Address: _ 3710 Irongate Rd, Bellingham, WA 98226 Address: ... 3710 trongate Rd, Bellingham, WA 98226 □ Vice Chairman □Vice Chairman ☑ Director ☐ President ☐ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Freasurer ☐Other _____ □Other _____ □ Other _____ □Other ____ Name: Toby Pratt □Chairman □Chairman Name: _____ □ Vice Chairman Address: 3710 Irongate Rd, Bellingham, WA 98226 ☐ Vice Chairman Address: ☑ Director ☐ Director ☐ President ☐ President □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer ☐ 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 whon 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. President, Craig Kasberg

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TIDAL VISION PRODUCTS, 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 TWENTY-FOURTH DAY OF JUNE, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIDAL VISION PRODUCTS, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203766553

Date: 06-24-22