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COVER LETTER

	Registration Secti- Division of Corpo			
SUBJE	ECT: Ellion Prope	erties, Inc.		
SOBOL		Name of corporation - r	nust include suffix	
Dear Si	r or Madam:			
"Certific	cate of Existence,"	n by Foreign Corporation for Au or "Certificate of Good Standin corporation to transact business in	g" and check are sub	
Please r	eturn all correspor	dence concerning this matter to	the following:	
Allison	Boehike			
		Name of Per	son	
Edge De	evelopment			
		Firm/Compa	ny	
2233 NV	W 23rd Ave, Ste 100	•		
		Address		
Portland	l, OR 97210			
		City/State and	Zip code	<u> </u>
allison@	edgedevelop.com			
		E-mail address: (to be used for	future annual report n	otification)
For furt	her information co	ncerning this matter, please call	:	
Allison Boehike 503			292-7733	
	Name of Person		Daytime Teleph	none Number
	STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on rations lahassee Street, Suite 810	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee. F	ection orporations
Please m	nake check payable t		F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Elliott Properties, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Edge Development INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 93-1315835 (State or country under the law of which it is incorporated) 2. (FEI number, if applicable) 1/02/2001 (Date of duration, if other than perpetual) _____ 5. ____ (Date of incorporation) 4/15/2022 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2233 NW 23rd Ave, Ste 100, Portland, OR 97210 (Principal office street address) 2233 NW 23rd Ave, Ste 100, Portland, OR 97210 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 33702 , Florida (City)

9. Registered agent's acceptance:

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.

Registered Agents Inc.
Bill Havre - Assistant Secretary

(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.

DocuSign Envelope ID: 5A9503A6-FF6A-429D-885B-22DA59C822FB

A DIRECTORS

A. DIRECTORS	Scott Elliott		
□Chairman	Name: 2233 NW 23rd Ave Ste	□Chairman	Name:
□Vice Chairman	Address: 100	□Vice Chairman	Address:
□Director	Portland, OR 97210	□Director	
X iPresident		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	Other	□Other
	-	rtment of State Annual Re	

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.

Scott Elli	o	ιJ	٤
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State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 875D860T4

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ELLIOTT PROPERTIES, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

6/10/2022