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

_	ration Section on of Corporations					
SUBJECT:	DB Creations. Inc. db	oa DB Creation	s Studie	os, Inc.		
	Name	of corporation	- must	include suffix		
Dear Sir or Ma	ıdam:					
"Certificate of	"Application by Foreign C Existence," or "Certificated foreign corporation to	e of Good Stan	iding" a	nd check are submitt		
Please return a	dl correspondence concert	ning this matter	to the	following:		
		Alex N	Velson			
		Name of	Person			
		TKN Tys	son LLF)		
		Firm/Con	npany			
		600 Stewart S	treet. S	uite 400		
		Addr	ess			
		Scattle, WA	98101			
		City/State a	nd Zip	code		
		alex@tknty	sonlaw	.com		
	E-mail addre	ss: (to be used	for futu	re annual report notif	ication)	
For further inf	ormation concerning this	matter, please o	:all:			
Alex Nelson at (206)	499-7533			
Name	of Person	Area Cod	e	Daytime Telephone 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		
	check for the following an eck payable to: FLORIDA I ng Fee 🔻 \$78.75 Fili Certificate	DEPARTMENT ing Fee & — [□ \$78.7	_	387.50 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.

1.	DB Creations	. Inc.		<u> </u>		<u>.</u>	
		orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	` "COMPAN	IY," "CORPORA	TION,"		
	DB Creations	Studios, Inc.					
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for tl	he purpose of trans	acting busine	ss in Fl	lorida)
2.	Delaware	3.					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	September 2	3. 20225.	Perpetual				
(Date of incorporation)		(Date of duration, if other than perpetual)					
6.	N/A						
7.	12701 NE 9th I	(Date first transacted business ir (SEE SECTIONS 607,1501 & 607,15 Place D212, Bellevue, WA, 98005					
		(Principal offi	ce <u>street</u> add	ress)			
					- Fa.	2072	
8.	Name and stree	(Current mailin t address of Florida registered agent: (P.C		·		2 OCT 24 PH 12: 5	- 1-60
		Registered Agents Inc.		_ , ,	i	70	<u></u>
	Name:	Registered Agents Inc.			~	12	
Office Address:		7901 4th St N STE 300			LE. 51 03/07	5	
		St. Petersburg	, Flori	da_33702	_	0.	
		(City)		(Zip code)			

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 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: 9BD78ED3-31CA-4142-93D6-0279F1982D6F

A: DIRECTORS 1

□Chairman	Name: Blake Gross	□Chairman	Name: Dustin Kochensparger		
□Vice Chairman	Address: 6441 SE Cougar Mountain Way	□Vice Chairman	Address: 12701 NE 9th PL D212		
□Director	Bellevue, WA 98006	□Director	Bellevue, WA 98005		
☑President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary Secre	□Treasurer		
□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		
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. 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					

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 of 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. DUSTIN KOCHENSPARGER



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

DELAWARE, DO HEREBY CERTIFY "DB CREATIONS, 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-THIRD DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DB CREATIONS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2022.

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



Authentication: 204465092

Date: 09-23-22