F23000000280

(Requestor's Name)
(,	Address)
(,	Address)
(1	City/State/Zip/Phone #)
	_
PłCK-UP	WAIT MAIL
	Business Entity Name)
(-	Document Number)
n : fied Copies	Certificates of Status
Caecial Instructions to F	Ting Officer:
Lecial instructions to P	ning Officer.





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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/17/2023			⇔ WALK .	IN⇔
ENTITY NAME_Hardsu	t Labs, Inc			
DOCUMENT NUMBER_				_
	PLEASE FILE THE A	ATTACHED AND RETURN	•	
XXXXX	Plain Copy			
	Certified Copy			
	Certificate of Status			
/	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE EN	17774	
	Certified Copy of Arts &	Amendments		
	Certificate of Good Standing			
	**APOSTILLE' / NOT	TARIAL CERTIFICATION	**	
COUNTRY OF DESTINAT	TON			
NUMBER OF CERTIFICAT	TES REQUESTED			
TOTAL OWED \$70		ACCOUNT #: 12	0160000072	
		5 R	XVO	
Please call Tina at th	e above number kor and	i issues or concerns. The		

COVER LETTER

	Registration Section Division of Corpor				
SUBJE	ECT: Hardsuit Lab	s, Inc.			
CCBGL		Name of corporat	ion - mu	st include suffix	
Dear Si	r or Madam:				
"Certific	cate of Existence,"	by Foreign Corporation to or "Certificate of Good Sorporation to transact bus	tanding"	and check are sub	
Please r	eturn all correspond	dence concerning this ma	tter to th	e following:	
Sharon U	Urban				
		Name	of Perso	n	
Harbor (Compliance				
		Firm/C	ompany		
1830 Co	lonial Village Lane				
		Ac	ldress		
Lancaste	er, PA 17601				
		City/Stat	e and Zi	o code	
surban@)harborcompliance.co				
	1	E-mail address: (to be use	ea for fut	ure annuai report n	ourication)
For furt	her information con	cerning this matter, pleas	se call:		
Sharon U	Jrban	717	22	9-0387	
	Name of Person	Area C	ode /	Daytime Telepl	none Number
	STREET/COURI Registration Section Division of Corpor The Centre of Talka 2415 N. Monroe St Tallahassee, FL 32	n ations thassec reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please m		following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE 75 Filing Fee & tified Copy	S87.50 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.

Hardsuit Labs, l			
	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transactir	ng business in Florida)
Washington	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/12/2014	5.		
(Date of incorporation)		(Date of duration, if other	than perpetual)
ô.			
	(Date first transacted business in F		:
4025 Doleidaa W	(SEE SECTIONS 607.1501 & 607.1502 ay SW, Ste 210, Seattle, WA 98106	2, F.S., to determine penalty habit	ny)
7. 4023 Demage W	(Principal office	street addrawa)	
	(rincipal office	street address)	2023 .
	(Current mailing	address, if different)	AM
3. Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	Registered Agents Inc	<u> </u>	AH II: 09
Office Address:	7901 4th St N STE 300	<u> </u>	09
	St. Petersburg	33702	
	St. retersburg	, Florida	

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.

A. DIRECTORS Andrew Kipling Russell Nelson Name: □Chai⊓nan □ Chairman 4025 Delridge Way SW, Ste 210 4025 Delridge Way SW, Ste 210 Address: □Vice Chairman ☐ Vice Chairman Address: Scattle, WA 98106 Seattle, WA 98106 □ Director Director President President □Vice President □Vice President _____ □Treasurer □Treasurer □ Secretary ☐ Secretary Other____ Other _____ □Other _____ □Other _____ Dee Kong Name: _ □ Chairman Name: _____ □ Chairman □Vice Chairman Address: 4025 Delridge Way SW, Ste 210 ☐ Vice Chairman Address: Seattle, WA 98106 Director ☐ Director □President □ President □Vice President _____ □ Vice President ☐ Secretary □Treasurer □ Secretary Treasurer □Other ______ □Other _____ □ Other _____ □Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □ Director ☐ President □ President ☐Vice President □Vice President _____ □Treasurer □ Secretary ☐ 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. |o| Russell Nelson 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. Russell Nelson, President



• ALLEY



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HARDSUIT LABS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/12/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/29/2022

UBI Number: 603 451 281

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hollie

Sieve R. Hobbs, Secretary of State

Date Issued: 12/29/2022