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COVER LETTER

_	itration Section ion of Corpora								
SUBJECT:	WORKSTEP	NC.							
		Name o	f corporation	n - mus	t include suffix			•	
Dear Sir or M	ladam:								
"Certificate o above referen		r "Certificate or reporation to tra	of Good Star insact busing	nding" a ess in F					
RAVNEET KAUR							્રં >-	, क्रम्प स्थाः स्थाः	
			Name of	Person					•
ESCALON SE	RVICES INC.						: •	PH	, 1 1 ====
			Firm/Cor	npany			. (.)	بب —	
2345 YALE ST FL 1					7	<u></u>			
	<u> </u>	· ·	Addr	ess	·	-	<u> </u>	· · · · ·	
PALO ALTO,	CA 94306								
•		* 4 . 2 . 7	City/State a	and Zip	code				 -
COMPLIANC	E@ESCALON.	SERVICES							
	13	-mail address:	(to be used	for futu	re annual report :	notific	cation)		
For further in	formation cond	eerning this ma	itter, please	call:					
RAVNEET KAUR		650 at (843	843-9147					
Nam	e of Person		Area Coc	le	Daytime Telep	hone	Number		
Regis Divis The C 2415	EET/COURIF stration Section ion of Corpora Centre of Tallal N. Monroe Str hassee, FL 32.	tions nassee eet, Suite 810):		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Sectio orpor 7	n ations		
Enclosed is a Please make ch	check for the f neck payable to: ing Fee	following amo FLORIDA DE \$78.75 Filing Certificate o	PARTMENT Fee & — [□ \$78.7	CATE 95 Filing Fee & Ified Copy		\$87.50 F Certifica Certified	ne of S	

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.

WORKSTEPING

12/19/2016 (Date of i	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	(FEI number, if applicable) (Date of duration, if other than persecual) Florida, if prior to registration) 22. F.S., to determine penalty liability)
(Date of i	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	(Date of duration, if other than perpetual)
(Date of i	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	سب فن
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	سب فن
		Florida, if prior to registration)
		Florida, if prior to registration) 22. F.S., to determine penalty liability)
	R, 51E 57190, BEAVERTON, OR 97008-	
	(Principal offic	7105 P P P P P P P P P P P P P P P P P P P
	(Current mailing	address, if different)
	<u>dress</u> of Florida registered agent: (P.O.	Box NOT acceptable)
Name: I	SCORPORATING SERVICES, LTD.	
fice Address:	540 GLENWAY DR	
_	ALLAHASSEE	Florida 32301
	(City)	Florida
	(City)	(Zip code)

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.

Renee T. Kent, Assistant Secretary

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name: DANIEL JOHNSTON	□Chairman	Name:				
□ Vice Chairman	9450 SW GEMINI DR Address:	□Vice Chairman	Address.				
■ Director	STE 57190	□Director					
■ President	BEAVERTON	□President					
⊏Vice President	OR 97008-7105	□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	2023				
□ Secretary	□Treasurer	☐ Secretary	Treasurer 1				
		□Other	T (1 + mag				
⊒Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
□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. Data Substantable Signature of Director or Officer Signature of Director or Officer Signature Sign							

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.

, DANIEL JOHNSTON, CEO



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

DELAWARE, DO HEREBY CERTIFY "WORKSTEP 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORKSTEP INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE-

ac

Authentication: 202740942

Date: 02-17-23

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