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| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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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. | | OURDIVORCE INC | | | | | | |
|-----------------|---|--|--|------------------|---------|--|--|--|
| | (Enter name of c "Inc.," "Co.," "C | orporation; must include "INCORPORATED." orp," "Inc." "Co." or "Corp.") | "COMPANY," "CORPORATION," | | | | | |
| | /16 man | Al 1 (1, 1) | | | | | | |
| | | | dopted for the purpose of transacting business in Fl | orid e) ; | | | | |
| 2. | | Washington 3. y under the law of which it is incorporated) | | 2 | | | | |
| | (State or country | y under the law of which it is incorporated) | (FEI number, if applicable) | 55 | | | | |
| 4. | | 08/24/2020 5. | Perpetual (Date of duration, if other than perpetual) | <u>-</u> | i .) . | | | |
| 6 | (Date | of incorporation) | (Date of duration, if other than perpetual) | PH 12: 2: | ; - | | | |
| • • • | - | (Date first transacted business in Florida, it prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | | | | | | |
| 7. | | 1286 Mount Baker Rd. S | Suite B204, Eastsound, WA 98245 | | | | | |
| | | (Principal office street address) | | | | | | |
| | | | | | | | | |
| | | (Current mailing address, if different) | | | | | | |
| | | | | | | | | |
| 8. | Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | | | | | |
| | Name: Registered Agent Solutions, Inc. | | | | | | | |
| Office Address: | | 155 Office Plaza Dr., Suite A | | | | | | |
| | | Tallahassee | , Florida(Zip code) | | | | | |
| | | (City) | (Zip code) | | | | | |
| H. de fu | aving been namesignated in this rther agree to co | ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme | e of process for the above stated corporation o ent as registered agent and agree to act in this lative to the proper and complete performance | s capac | itv. I | | | |
| | | Bradm | Wongel | | | | | |
| | | (Registered agent's sign | nature) | | | | | |
| 10 | Attached ic a a | pertificate of evictance duly authorities - 4 | of more than 00 days and a day 11 Cold | 1 | | | | |
| , | - runoncu is a c | commonto of existence dury authenticated, n | ot more than 90 days prior to delivery of this a | іррисаі | or to | | | |

under the law of which it is incorporated,

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

| ها برياد ساه د | | | |
|-----------------------------|---|-----------------------------|--|
| A. DIRECTORS Chairman | Name: Thomas Hinckley Milligan | □Chairman | Name: |
| □Vice Chairman | Address: 15500 Front Beach Road | □Vice Chairman | Address: 337 Cascade Lane |
| □Director | Unit 417 | □ Director | Palm Beach Shores, FL 33404 |
| □ President | Panama City Beach, FL 32413 | □ President | |
| □Vice President | | □Vice President | |
| □ Secretary | ☐Treasurer | □ Secretary | □Treasurer |
| CEO CEO | | Other COO | □Other _ |
| □Chairman □Vice Chairman | Name: Michael Wilkes Lester Name: 1111 Grassy Field Road Address: | □Chairman □Vice Chairman | Name: |
| Director | Austin, TX 78737 | Director | |
| □ President | | □President | |
| ⊏Vice President | | □Vice President | |
| ☐ Secretary | ☐ Treasurer | ☐ Secretary | □Treasurer |
| □Other | □ Other | □Other | Cother |
| ⊡Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| □ Director | | Director | |
| □President | ************************************** | □President | |
| □ Vice President | | □Vice President | |
| □ Secretary | □Treasurei | ☐ Secretary | □Treasurer |
| [] Other | | □Other | □Other |
| | Use an attachment to report more than six (6). The cadded to the index when filing your Florida Departments of Direct Signature of Direct Control of Direct | | d for reporting purposes only. Non-indexed कृत्वा form. |
| | etor signing this document (and who is listed in nu | | in the facts stated herein are true and that h |

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. Jill Blankenship COO
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

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

OF

OURDIVORCE 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 08/24/2020.

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.

I 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: 03/11/2022 UBI Number: 604 645 479

STATE ON WASHING

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

Steve R. Hobbs, Secretary of State

Date Issued: 03/11/2022