## F2300002014

(f	Requestor's Name)	
	Address)	
0	Address)	
((	City/State/Zip/Phone #	2)
PICK-UP	WAIT	MAIL
(f	Business Entity Name	)
((	Document Number)	
	Certificates	of Status
.' Instructions to F	iling Officer:	
	Office Use Only	·



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## **CORPORATE** ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

'		WALK IN	
		PICK UP: Cat 5/4	
	CERTIFIED COP	PY	
X	хх рнотосору		
	CUS		
X	XX FILING	FOREIGN INC	
1.	NAX TECHNOLOGY (CORPORATE NAME AND		
2.	(CORPORATE NAME AND	DOCUMENT #)	
3.	(CORPORATE NAME AND	DOCUMENT #)	
4.	(CORPORATE NAME AND	DOCUMENT #)	
5.	(CORPORATE NAME AND DOCUMENT #)		
6.	(CORPORATE NAME AND	DOCUMENT #)	
SPEC INST	CIAL RUCTIONS:		

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: NAX Tec	chnology Group, Inc.		
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation foe," or "Certificate of Good Standard to transact busings.	anding" and check are sub	
Please return all corresp	ondence concerning this matt	er to the following:	
Karen Ruby			
	Name o	of Person	
Fenwick & West LLP			
	Firm/Co	ompany	
1191 Second Avenue, 10	th Floor		
	Ado	dress	
Seattle, WA 98101			
	City/State	and Zip code	
kruby@fenwick.com			
	E-mail address: (to be used	d for future annual report r	notification)
For further information	concerning this matter, please	e call:	
Karen Ruby	at ( 206	ode) 389-4596 Daytime Telep	
Name of Perso	n Area Co	ode Daytime Telep	hone Number
Registration Se Division of Co The Centre of	rporations Fallahassee oe Street, Suite 810	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for Please make check payab  \$70.00 Filing Fee	the following amount: le to: FLORIDA DEPARTMEN  S78.75 Filing Fee & Certificate of Status	NT OF STATE  \$78.75 Filing Fee & Certified 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.

		dopted for the purpose of trans	acting business in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number,	if applicable)
2/13/2020	5.		
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		
1104 Highland A	venue, Manhattan Beach, CA 90266	oz, r.o., to determine penalty it	,
		ce street address)	
	(, , , , , , , , , , , , , , , , , , ,	<u></u> ucc,	
	(Current mailin	g address, if different)	
Manager and serve	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
mame and street			
			,
Name:		_ <del></del>	<b>20</b> S [ ].
			<b>2023 H</b> SECO FALCE
Name:		The state of process for the above s	2023 HAY

Nichol McCroy, 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				
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Manhattan Beach, CA 90266	□Director		
ĎPresident		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other CEO	□Other	□Other	<del></del>	□Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President	<del></del>	
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other	<del></del>	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. Jeff Schwacher 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 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.				



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

DELAWARE, DO HEREBY CERTIFY "NAX TECHNOLOGY GROUP, 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 SECOND DAY OF MAY, 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 "NAX TECHNOLOGY GROUP, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY,

A.D. 2020.

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

Authentication: 203262501

Date: 05-02-23