**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001810673)))



H230001810673ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

*Enter	the email ad	dress for ti	his bus	siness	entity to	be used	for future
200	annual repor	t mailings.	Enter	only o	ne email	address	please.**
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Email Address:	•	
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## FOREIGN PROFIT/NONPROFIT CORPORATION TruckVault, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

A. Jones

### 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.

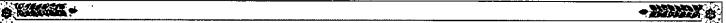
1. TruckV	ault, Inc.		
(Enter name of co	rporation; must include "INCORPORATED," " rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
inc., co., co	ip. nic, co. or corp. )		
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	siness in Florida)
2. Washir		01 711 887	
	under the law of which it is incorporated)	(FEI number, if applica	ible)
4. <u>05/07/199</u>	<u>96                                    </u>	(Date of duration, if other than	
(Date o	of incorporation)	(Date of duration, if other than	perpetual)
6.	(Date first transacted business in Fl	oulde if enjoyee and insertion?	
	(SEE SECTIONS 607.1501 & 607.1502		
7,7901 4t	h St N STE 300 St. I	Petersburg FL 3	3702
	(Principal office	street address)	<u>'</u>
<u>7901 4tl</u>	<u>h St N STE 300 St. P</u>		<u>702                                    </u>
	(Current mailing a	ddress, if different)	
8. Name and street	<u>address</u> of Florida registered agent: (P.O. I	Box NOT accentable)	
Name:	Northwest Registered Agent LLC	· ·	
Office Address:	7901 4th St N STE 300	<del></del>	
correct radicas.	St Petersburg	- Florido 33702	2
	St. Petersburg (City)	(Zip code)	PAR STATE
9. Registered agei	nt's accentance		经专工
Having been name	ed as registered agent and to accept service		
	application, I hereby accept the appointmer imply with the provisions of all statutes rela		
	with and accept the obligations of my positi		S
			電流す
1	Taylor Name		ş
_/_	(Registered agent's signa	ture)	

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: Alan Chandler	Chairman	Name: Alan Chandler	
□Vice Chairman	Address:	☐Vice Chairman	Address:	
<b>∑</b> Director	7901 4th St N STE 300	Director	27957 Burmaster Rd	
□President	St. Petersburg FL 33702	<b>∑</b> President	Sedro Woolley WA 98284	
□Vice President		☐Vice President		
Secretary	Treasurer	Secretary	☐Treasurer	
Other	Other	Other	Other	
Chairman	Patricia Pienta	Chairman	Name: Patrick Garrett	
□Vice Chairman	Address:	∐Vice Chairman	Address:	
Director	7901 4th St N STE 300	□Director	PO Box 734	
□President	St. Petersburg FL 33702	President	Sedro Woolley WA 98284	
□Vice President		∐Vice President		
Secretary	<b>∑</b> Treasurer	<b>∑</b>  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.				

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.

Alan Chandler
(Typed or printed name and capacity of person signing application)





# Secretary of State

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

### CERTIFICATE OF EXISTENCE

OF

#### TRUCKVAULT, 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 05/07/1996.

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: 05/15/2023 UBI Number: 601 711 887

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

the R Hobbie

ALCO PARTY.

Steve R. Hobbs, Secretary of State

Date Issued: 05/15/2023