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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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FOREIGN PROFIT/NONPROFIT CORPORATION Hierarchy Inc.

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Help

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. Hierarchy Ir		TED." "COMPANY." "CORPORATION	<u>, </u>
	orp." "Inc." "Co." or "Corp.")	TED. COMPANT. CONTORATION	`,
Hierarchy F	esign Studio Inc		
		name adopted for the purpose of transacting	g business in Florida)
a California	·		-
California State or country	y under the law of which it is incorporate	3. (FEI number, if ap	nticable)
			•
4. <u>12/17/2018</u>	of incorporation)	5. (Date of duration, if other	d
(Date	or incorporation)	(Date of duration, if other	than perpetuar)
6			
	(Date first transacted busin	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liabili	tv)
00110			(*)
7. <u>20 N Oran</u>	ge Ave, Suite 1100, Orland		
	(Princip:	al office <u>street</u> address)	
20 N Oran	ge Ave, Suite 1100, Orland	do, FL 32801	·
	(Current i	mailing address, if different)	
8. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	Northwest Registered Ag	gent LLC	~ €.
			
Office Address:	7901 4th St N STE 300		
	St. Petersburg	, Florida <u>33702</u>	2023 JUN-9 PM SECRETARISTOR
	(City)	(Zip code)	
9. Registered age	ent's acceptance: ad or ragistared agent and to accept	service of process for the above stated	cornoration at the place
designated in this	application. I hereby accept the app	ointment as registered agent and agre	re to act in this cupation.
further agree to c	omply with the provisions of all statu	ites relative to the proper and complete	
and I am familiar	with and accept the obligations of n	y position as registered agent.	
		A /	
		/1 /	
	/aylor /	Jena	
	(Registered age	nt's signature)	

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

A. DIRECTORS Name: Graham Beeghly ☐ Chairman □ Chairman Name: _____ Uvice Chairman Address: 7901 4th St N STE 300 ☐ Vice Chairman Address: St. Petersburg, FL 33702 ☑ Director □Director ▼ President □President ☐ Vice President ☐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 □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other ______ □Other _____ Other _____ Name: _____ ☐ Chairman Name: _____ □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director ☐ President □President ☐ Vice President _ ☐Vice President Treasurer Treasurer □ Secretary □ Secretary ☐ 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. 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.

Graham Beeghly - President
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: HIERARCHY INC.

Entity No.: 4221625 **Registration Date:** 12/17/2018

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 08, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 117734834

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.