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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION ENTREPRENEUR READY, INC.

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COVER LETTER

	stration Sectionion of Corpor				
SUBJECT:	ENTREPRE:	NEUR READY, INC.			
SOBJECT.	v v.	Name of corporatio	n - mus	include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence,"	by Foreign Corporation for or "Certificate of Good State or poration to transact busing the contract of the corporation to transact busing the corporation for th	nding	and check are sub-	
Please return	all correspond	lence concerning this matte	r to the	following:	
Tina Erales					
		Name of	Person	<u>.</u>	
Jones & Spros	s, PLLC				
		Firm/Cor	npany		
1605 Lakecliff	f Hills Lane, Su	ite 100			
_		Addi	css		
Austin, Texas	78732				
		City/State	and Zip	code	
pam@entrepre	ncurready.com				
		E-mail address: (to be used	for futu	re annual report n	otification)
For further in	formation con	ceming this matter, please	call:		
Tina Erales		281 at (910-8229		
Name	e of Person	Area Coo	le e	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporation Division of Corporation of Tallahassee P.O. Box 6327 Tallahassee, FL 32303		ection orporations			
	eck payable to:	following amount: FLORIDA DEPARTMEN S78.75 Filing Fee & I Certificate of Status	■ \$78.7	ATE 5 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

l. <u>ENTREPRENE</u>	UR READY, INC.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail.	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	husiness in Florida)
Delaware	3	83-0993325	
	y under the law of which it is incorporated)	(FEI number, if appl	icable)
June 20, 2018	5.		
(Date	of incorporation)	(Date of duration, if other tha	an perpetual)
April 9, 2023			
•	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	207
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2023 SEP
Name:	Capitol Corporate Services, Inc.		
office Address:	515 East Park Avenue, 2nd Floor	_	<u> </u>
	Tallahassee	, Florida	·
	(City)	(Zip code)	$\frac{a}{\omega}$

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Brian Radecki, Assistant Secretary, on behalf of Capitol Corporate Services, Inc.

(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.

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

H23000304214

Vice Chairman Address: 23632 Highway 99, Suite F381 Vice Chairman Address:	□ Chairman	Pam Hoelzle Name:	□ Chairman	Name:	
Director Edmonds, Washington 98026 Director President	□Vice Chairman		□Vice Chairman		
Vice President	☐ Director		□Director		
Secretary	■ President		□President		
Other	□Vice President		□Vice President		
Chairman Name:	☐ Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
□ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer	□Other	Other	□Other		☐ Other
□ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ □ Oth	□ Chairman	Name:	□Chairman	Name:	
□ President □ President □ Vice President □ Vice President □ Other □	□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer	Director		□Director	 .	
Secretary	□ President		□President		
□Other □Other □Other □Chairman Name: □Chairman □Vice Chairman Address: □Vice Chairman □Director □Director □Director □President □Vice President □Vice President □Vice President □Vice President □Vice President	□Vice President		□Vice President		
□Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer	□ Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
□ Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer	Other	Other	□Other		☐ Other
□ Director □ President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer	□Chairman	Name:	□Chairman	Name:	
□ President □ President □ Vice President □ Vice President □ □ Secretary □ Treasurer □ Secretary □ Treasurer	□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Vice President □ Vic	Director		□Director		
□Secretary □Treasurer □Secretary □Treasurer	□ President		□President		
	□Vice President		□Vice President		
Other Other Other	□ Secretary	□Treasurer	☐ Secretary		□Treasurer
	□Other	□ Other	□Other		Other
	□Secretary	□ Treasurer	☐ Secretary		□Treasurer
	12. <u>Pam</u> t	talde Simon of Dinas	ear an Oillian	-	
12. fam Holle Signature of Director or Officer		Signature of Direct stor signing this document (and who is listed in nur lise information submitted in a document to the De	mber 11 above) affirms th	at the facts sta	ated herein are true and that h

H23000304214



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENTREPRENEUR READY, 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 THIRTIETH DAY OF AUGUST, 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 "ENTREPRENEUR READY, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2018.

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

6940589 8300
SR# 20233386448
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204071575

Date: 08-30-23