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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/08/2023	_		₩WALK IN*
ENTITY NAME Agilan	t, Inc.		77.732.41
		<u></u>	
DOCUMENT NUMBER_			
	PLEASE FILE TH	HE ATTACHED AND RETURN	
XXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$70		ACCOUNT #: 1201600000	072
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Dlan all Time	the above when be		an wunk!
roease cart / ma at i	ine upove number for	any issues or concerns. Thank you	ov maow;

COVER LETTER

TO:	Registration Sec Division of Cor				
SUBJ	ECT: AGIL	IANT, INC) .		
~ ~ ~ ~				- must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existenc		of Good Stan	Authorization to Transac ding" and check are sub ss in Florida.	
	return all corresp	ondence concern	ing this matter	to the following:	
			Name of	Person	
AGI	ILIANT, IN	1C.			
	<u></u>		Firm/Com	pany	
PO E	3OX 34628, U	nit 58365			
	<u> </u>		Addre	ess	
Seattl	e, WA 98124-1	628			
			City/State as	nd Zip code	
dst	elmach@agil				
		E-mail address	s: (to be used f	or future annual report r	notification)
For fur	ther information	concerning this n	natter, please c	all:	
Sing	leFile, Kane	tha Bishop	at (800	,391-9869	
	Name of Perso	n	Area Code	Daytime Telepl	hone Number
	Registration Security Division of Cor The Centre of T	porations allahassee e Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please i		the following ame to: FLORIDA D S78.75 Filin Certificate	EPARTMENT 1g Fcc &	OF STATE 3 \$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.

1. AGILIANT, (Enter name of co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
		adopted for the purpose of transacting business i	n Florida)
$_{\scriptscriptstyle 2.}$ WASHIN	IGTON 3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
₄ 10/20/20	10		
··	of incorporation)	(Date of duration, if other than perpetu	ial)
6.			
v	(Date first transacted business in		
	(SEE SECTIONS 607.1501 & 607.15	02. F.S., to determine penalty liability)	
_{7.} <u>16842 Salm</u>	on La Sac Rd Ronald, WA 9		
	(Principal offic	ce <u>street</u> address)	
PO BOX 3	4628, Unit 58365 Seattle, WA 981	124-1628	20 2
	(Current mailing	g address, if different)	2023 SEP Secret
		<u> </u>	
Name and <u>street</u>	address of Florida registered agent: (P.O	D. Box NOT acceptable)	الارار 19
Name:	Registered Agents Inc		-8 AM
Office Address:	7901 4th St N STE 300		AM IO: 00
	St. Petersburg	. Florida 33702 (Zin codu)	E 0
	(City)	(Zip code)	
	(- · · · ·)	(- , ,	

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.

David Roberts. Asst. 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.

DocuSign Envelope ID: 7253C151-01CA-4F60-A07B-8C4E3D335C99

A. DIRECTORS	Name: DERIC MAZZUCA			
□Chairman	PO BOX 34628. Unit 58365	□Chairman		
□ Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director	Seattle, WA 98124-1628	□Director		_
∑ President		□President		
▼ Vice President		□Vice President		
x Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	☐ Chairman	Name:	
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		<u> </u>
□Vice President		□ Vice President		<u> </u>
☐Secretary	□Treasurer	☐ 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
individuals प्रमहरू के	Use an attachment to report more than six (6). The wanded to the index when filing your Florida Dep. Maryuka 57413450 Signature of Direct	artment of State Annual R	ed for reporting eport form.	purposes only. Non-indexed
	ector signing this document (and who is listed in no		nat the facts stat	ed herein are true and that he or
she is aware that f	alse information submitted in a document to the D	epartment of State constitu	ites a third degr	ree felony as provided for in
	Mazzuca . President			





Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

AGILIANT, 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 10/20/2010.

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: 09/07/2023

UBI Number: 603 056 420

STATE ON WASHING

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

te R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 09/07/2023