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| PICK-UP                 | WAIT MAIL                |
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|                         | 75 Carlotte March        |
|                         | (Business Entity Name)   |
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| -                       | (Document Number)        |
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| Certified Copies        | Certificates of Status   |
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| Special Instructions to | Filing Officer:          |
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SECRETARY OF STATE
TALLAMASSEE, FL

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### **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

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6.

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: MISTY 10/23 **CERTIFIED COPY** XX**PHOTOCOPY CUS** XX FOREIGN INC FILING MODERN HYDROGEN, INC. 1. (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:** 

#### **COVER LETTER**

| TO:      | Registration Section Division of Corporations |   |   |                   |  |   |
|----------|---|---|---|-------------------|--|---|
| SUBJ     | ECT:  | MODER                                   | N HYDROGEN, INC   |                   |  |   |
|          |   |   | Name of   | corporatio        | m - must include suffix  |   |
| Dear S   | ir or M                                       | adam:                                   |   |                   |  |   |
| "Certif  | ficate of                                     | Existence                               | on by Foreign Corp.," or "Certificate on corporation to train | f Good Sta        | nding" and check are st  | sact Business in Florida,"<br>ubmitted to register the    |
| Please   | return a                                      | all corresp                             | ondence concerning  | this matte        | er to the following:   |   |
| Anthor   | ıy Holm                                       | es                                      |   |                   |  |   |
|          |   |   |   | Name o            | f Person   |   |
| Registe  | red Age                                       | nt Solution                             | s, Inc.   |                   |  |   |
|          | ,   |   |   | Firm/Co           | mpany  |   |
| 5301 S   | outhwes                                       | t Pkwy., St                             | ite 400   |                   |  |   |
|          |   | -                                       | ···   | Add               | ress   |   |
| Austin,  | TX 787  | 35                                      |   |                   |  |   |
|          |   |   | (   | City/State        | and Zip code   |   |
| orders@  | grasi.com                                     | m.                                      |   |                   |  |   |
|          |   |   | E-mail address: (   | to be used        | for future annual report   | notification)   |
| For fur  | ther inf                                      | ormation o                              | concerning this man   | er, please        | call:  |   |
| Anthon   | y Holme                                       | <b>:5</b>                               | at  | (888              | 705-7274   |   |
| -        | Name  | of Person                               |   | Area Coo          | le Daytime Tele  | phone Number  |
|          | Registr<br>Division<br>The Co<br>2415 N       | ration Sec<br>on of Corp<br>entre of Ta | orations<br>llahassee<br>Street, Suite 810                    |                   | MAILING A<br>Registration<br>Division of C<br>P.O. Box 632<br>Tallahassee, | Section<br>Corporations<br>27                             |
| Please m |   | ck payable                              | to: FLORIDA DEPA  \$78.75 Filing F Certificate of S           | ARTMENT<br>ee & [ | OF STATE  \$78.75 Filing Fee & Certified Copy                              | S87.50 Filing Fec, 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.

| Delormer  | ble in Florida, enter alternate corporate nam   |   |                         |
|---|---|---|-------------------------|
| ٤   | y under the law of which it is incorporated)  | (FEI number, if applica   | - Lin                   |
| 10/09/2015  |   | Demetral  | , miej                  |
| ·   | of incorporation)   | (Date of duration, if other than  | nemetual)               |
| . 10/23/  | •   | (Maio of Guadon, it odies than  | perperuit)              |
| 18912 North Cree  | (Date first transacted business<br>(SEE SECTIONS 607.1501 & 607.1<br>k Parkway, Suite 100, Bothell, WA 98011                        | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) |                         |
|   | (Principal of   | fice street address)  | SECF                    |
|   | (Current mail   | ing address, if different)  | 01 24<br>F7A            |
| . Name and stree  | address of Florida registered agent: (P.  | O. Box NOT acceptable)  | AND P                   |
| Name:   | Registered Agent Solutions, Inc.  |   | mo —                    |
| office Address:   | 2894 Remington Green Ln., Ste. A  |   | PH 1: 48                |
|   | Tallahassec   | . Florida 32308   |                         |
|   | (City)  | (Zip code)  |                         |
| . Registered age<br>laving been name<br>esignated in this | d as registered agent and to accept serv<br>application, I hereby accept the appoint<br>apply with the provisions of all statutes t | ment as registered agent and agree to   | act in this capacity. I |
| erther agree to co  |   | દેખુશોલી<br>Samantha Niels, Ass   |                         |

<sup>10.</sup> 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.

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

| A. DIRECTORS   |  |   |  |  |  |
|--|--|---|--|--|--|
| Chairman   | Name:  | □ Chairman                                      | Name: Max Mankin   |  |  |
| ÜVice Chairman   | Address: 3021 224th Ave Ne   | □Vice Chairman                                  | Address: 14543 30th Ave NE   |  |  |
| Director   | Sammamish, WA 98074  | ☐ Director                                      | Shoreline, WA 98155  |  |  |
| ☐ President  |  | ☐ President                                     |  |  |  |
| □Vice President  |  | □Vice President                                 |  |  |  |
| Secretary  | ☐ Treasurer  | Secretary                                       | ☐Treasurer   |  |  |
| □Other   |  | CTO CTO   | DOther   |  |  |
| □Chairman □Vice Chairman   | Name:  | □Chairman □Vice Chairman                        | Name:  |  |  |
| □Director  | Soules, Try Goot 1   | Director  |  |  |  |
| □ President  |  | President                                       |  |  |  |
| □Vice President  |  | □Vice President                                 |  |  |  |
| ☐Secretary   | ☐ Treasurer  | Secretary                                       | Treasurer  |  |  |
| Other  |  | Other   |  |  |  |
| □ Chairman   | Name:  | □ Chairman                                      | Namo:  |  |  |
| □Vice Chairman   | Address:   | ☐Vice Chairman                                  | Address:   |  |  |
| □ Director   |  | ☐ Director                                      |  |  |  |
| ☐ President  |  | President                                       |  |  |  |
| □Vice President  |  | □Vice President                                 |  |  |  |
| ☐ Secretary  | ☐Treasurer   | Secretary                                       | OTreasurer .   |  |  |
| 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. Signature of Director or Officer |  |   |  |  |  |
| The officer or direct she is aware that fall s.817.155, F.S.   | tor signing this document (and who is listed in number se information submitted in a document to the Departs | 11 above) affirms the<br>ment of State constitu | at the facts stated herein are true and that he or<br>tes a third degree felony as provided for in |  |  |
| 13. Scott McCammant, Director  |  |   |  |  |  |

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MODERN HYDROGEN, 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 TWENTY-FOURTH DAY OF OCTOBER, 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 "MODERN HYDROGEN, INC." WAS INCORPORATED ON THE NINTH DAY OF OCTOBER, A.D. 2015.

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

e at corp delaware gov/aut

Authentication: 204436504

Date: 10-24-23

5846289 8300 \\
SR# 20233800960