F2400000 2784

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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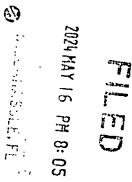




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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Micro-X Inc.			
	Name of	corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certif	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to trans	f Good Stan	ding" and check are submitt	usiness in Florida," ed to register the
Please	return all correspondence concerning	g this matter	to the following:	
Danica	Paddock			
		Name of	Person	
Equino	x Business Law Group PLLC			
	-	Firm/Com	pany	
11130	NE 33rd Place, Suite 120			
		Addre	*SS	
Bellevi	ue, WA 98004			
		City/State a	nd Zip code	
attome	ys@equinoxbusinesslaw.com			
	E-mail address: (to be used f	or future annual report notifi	ication)
For fur	ther information concerning this mat	ter, please c	all:	
Danica	Paddock at	425	954-5894	
	Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please r	ed is a check for the following amount make check payable to: FLORIDA DEP .00 Filing Fee S78.75 Filing Certificate of	ARTMENT Fee &		\$87.50 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.

f name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
	3		
State or count 1/27/2020	ry under the law of which it is incorporated)	(FEI number, if applicable)	
(Dat	of incorporation)	(Date of duration, if other than perpe	:tual)
September 30,	2021		
5 S 192ND ST		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Principal of	fice <u>street</u> address)	
	(Principal of	fice <u>street</u> address)	
	•	fice <u>street</u> address) ng address, if different)	
	(Current maili	ng address, if different)	
Name and <u>stre</u>	(Current maili et address of Florida registered agent: (P.	ng address, if different)	
Name and <u>stre</u> Name:	(Current maili	ng address, if different)	
Name:	(Current maili et address of Florida registered agent: (P.	ng address, if different)	20
Name:	(Current mails et address of Florida registered agent: (P. CT Corporation System	ng address, if different) O. Box NOT acceptable)	2024 H.A.
Name:	(Current mailing the standard of the standard	ng address, if different) O. Box NOT acceptable)	2024 HZQZ4
Name: ice Address:	(Current mailing the standard of the standard	ng address, if different) O. Box NOT acceptable) , Florida 33324	2024 H. A. 24 A. A.
Name: ice Address: Registered ag	(Current mailing the standard of the standard	ng address, if different) O. Box NOT acceptable) , Florida 33324 (Zip code)	2024 HAVE P
Name: ice Address: Registered agoing been nanignated in this	(Current mailing tet address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: Seed as registered agent and to accept serve to application, I hereby accept the appoint	ng address, if different) O. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above stated corporationent as registered agent and agree to act is	n this capac
Name: fice Address: Registered agving been nanignated in this ther agree to o	(Current mailing tet address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: Seed as registered agent and to accept serve to application, I hereby accept the appoint	O. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above stated corporament as registered agent and agree to act is relative to the proper and complete perform	n this capac

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]:

OccuSign Envelope ID: FDAAA1AC-E890-4C26-8534-A2E6C41A0E92

A. DIRECTORS			
☐ Chairman	Name: Kingsley Hall	□ Chairman	Name: Bree Farrugia
□ Vice Chairman	Address: 855 S 192ND ST STE 600	□Vice Chairman	Address: 855 S 192ND ST STE 600
■ Director	Seatac, WA 98148	□Director	Seatac, WA 98148
□President		□President	
□ Vice President		□Vice President	
Secretary	☐ Treasurer	Secretary	☐ Treasurer
□Other	Other	□Other	
□Chairman □Vice Chairman ■Director	Name: Brian Gonzales Address: 855 S 192ND ST STE 600 Seatac, WA 98148	□Chairman □Vice Chairman □Director	Name:
□President		□President	
□Vice President		□Vice President	
☐ Secretary	. Treasurer	Secretary	Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman □Vice Chairman	Name:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	☐Treasurer
Other	Other	Other	Other
Important Notice: I individuals may be bru Farruja	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa Signature of Direct	rtment of State Annual Re	i for reporting purposes only. Non-indexed port form.
The officer or direct she is aware that fa	ctor signing this document (and who is listed in nu- lse information submitted in a document to the De	mber 11 above) affirms the	at the facts stated herein are true and that he often a third degree felony as provided for in

s.817.155, F.S.

13. Bree Farrugia, Officer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MICRO-X 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 TENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MICRO-X INC."

WAS INCORPORATED ON THE FOURTH DAY OF OCTOBER, A.D. 2017.

Authentication: 202785527

Date: 02-10-24

COVER LETTER

Division of Corporations			
SUBJECT: Micro-X Inc.			
Name of co	rporation - m	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpora" (Certificate of Existence," or "Certificate of Gabove referenced foreign corporation to transa	Good Standing	g" and check are sub-	
Please return all correspondence concerning th	nis matter to t	he following:	
Danica Paddock			
1	Name of Pers	on	
Equinox Business Law Group PLLC			
F	irm/Compan	y	
11130 NE 33rd Place, Suite 120			
	Address		
Bellevue, WA 98004			
Cit	y/State and Z	lip code	
attorneys@equinoxbusinesslaw.com			
E-mail address: (to	be used for f	uture annual report n	otification)
For further information concerning this matter	, please call:		
Daniea Paddock 425 954-5894 at (
Name of Person A	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A. Registration Sc Division of Co P.O. Box 6327 Tallahassee. F	ection orporations
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	e & 🗆 \$7	STATE 8.75 Filing Fee & ertified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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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.

(Date of incorporation) September 30, 2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 855 S 192ND ST STE 600 Seatac, WA 98148 (Principal office street address) (Current mailing address, if different)
(Date of incorporation) (Date of duration, if other than perpetual) September 30, 2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 855 S 192ND ST STE 600 Scatac, WA 98148 (Principal office street address) (Current mailing address, if different)
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 855 S 192ND ST STE 600 Seatac, WA 98148 (Principal office street address) (Current mailing address, if different)
(Principal office street address) (Current mailing address, if different)
(Principal office street address) (Current mailing address, if different)
(Current mailing address, if different)
ffice Address: 1200 South Pine Island Road
Plantation Florida $\frac{33324}{\text{(Zip code)}}$ $\frac{C}{C}$
(City) (Zip code)
Registered agent's acceptance:

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.

(Registered agent's signature)

DocuSign Envelope ID: FDAAA1AC-E890-4C26-8534-A2E6C41A0E92

A. DIRECTORS			D 5	
□Chairman	-		Name: Bree Farrugia	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
■ Director	Seatac, WA 98148	Director	Seatac, WA 98148	
□President		□President	<u> </u>	
□Vice President		□ Vice President		
☐ Secretary	☐ Treasurer	■ Secretary	□Treasurer	
□Other	□Other	□Other	□Other	
□Chairman □ Vice Chairman	Name: Brian Gonzales Address: 855 S 192ND ST STE 600	□Chairman □Vice Chairman	Name:Address:	
Director	Seatac, WA 98148	□Director		
□President		□President		
□Vice President		□ Vice President	-	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	□Other	Other	
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:	
☐ Secretary ☐ Other	☐ Treasurer ☐ Other	□ Secretary □ Other	□Treasurer □Other	
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direction of	partment of State Annual Re		
	ctor signing this document (and who is listed in ralse information submitted in a document to the I			

Bree Farrugia, Officer

Page 1



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at coto delaware gov/au

Authentication: 202785527

Date: 02-10-24

6568951 8300 SR# 20240231014