

8/30/24, 11:38 AM

Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

2024 AUG 30 11:21:14

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Email Address: corporatelifings@flyhomes.com

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SYSTEMS

FOREIGN PROFIT/NONPROFIT CORPORATION

Flyhomes, Inc.

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Certificate of Status	0
Certified Copy	1
Page Count	04
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SEP 09 2024
K. Brumbley

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. Flyhomes, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/10/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 160 NW Gilman Blvd., Suite 441, Issaquah, Washington 98027, United States
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

2024 AUG 30 PM 2:14

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.

C T Corporation System
By: Denise Bell Denise Bell - assistant 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.

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

DocuSign Envelope ID: 057443EA-84E3-4991-9D13-3C93F8D18FBC

A. DIRECTORS

Chairman Name Tushar Garg
Vice Chairman Address
Director 160 NW Gilman Blvd., Suite 441
President Issaquah, WA 98027
Vice President
Secretary Treasurer
Other

Chairman Name Michael Ghaffary
Vice Chairman Address
Director 160 NW Gilman Blvd., Suite 441
President Issaquah, WA 98027
Vice President
Secretary Treasurer
Other

Chairman Name Stephen Lane
Vice Chairman Address 160 NW Gilman Blvd., Suite 441
Director Issaquah, WA 98027
President
Vice President
Secretary Treasurer
Other

Chairman Name Mark Lee
Vice Chairman Address 160 NW Gilman Blvd., Suite 441
Director Issaquah, WA 98027
President
Vice President
Secretary Treasurer
Other

Chairman Name Alastair Rampell
Vice Chairman Address 160 NW Gilman Blvd., Suite 441
Director Issaquah, WA 98027
President
Vice President
Secretary Treasurer
Other

Chairman Name Mark Vadon
Vice Chairman Address 160 NW Gilman Blvd., Suite 441
Director Issaquah, WA 98027
President
Vice President
Secretary Treasurer
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. Tushar Garg
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.

13. Tushar Garg, Director
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLYHOMES, 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-NINTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



5764116 8300

SR# 20243555771

You may verify this certificate online at corp.delaware.gov/authver.shtmlHandwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204276292

Date: 08-29-24